

## Case Report



### Ayurveda Management of *Jalodara* (ascites secondary to alcoholic liver disease)- A Case Report

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#### ABSTRACT:

**Background:** Alcoholic liver disease (ALD) with ascites is chronic progressive condition with ascites means accumulation of excess fluid in body cavities. Similarly, Ayurveda describes *jalodara*, a type of *udara*. Abnormal *agni* (digestive fire) leads to the accumulation of *mala* (*doshas and kleda*). **Case Presentation:** A 38-year-old male patient having history of regular alcohol consumption past ten years approached PK OPD. Patient came with the complaints of abdominal pain along with distension and reddish skin discoloration at the lateral side of abdomen, thighs and buttocks. He also complained of swelling in his bilateral lower limbs, yellowish discoloration of the eyes and urine, and decreased appetite. On examination, *tridosha vikriti* with *pitta* dominance affecting *agni*, with impaired *rasa, rakta, mamsa dhatus, rasa, rakta, sweda, and udakavaha srotos* (channels), *sangha* (obstruction) and *vimarga gamana shrotodushti, yakrut as seat* and *udara* as site of expression. **Intervention:** The management included abstention from alcohol, improved digestion by *bhoonimbadi kadha*, cleansing channels and reducing excess abnormal moisture by thirteen days of *nitya virechana* (daily purgation) using *avipattikara churna, katuki churna* and *nimbu swarasa* and hepatoprotective medicine *Arogya vardhini vati, Punarnava mandura*. Lastly diet restriction with *green gram soup* maintained for twenty-three days. **Outcome:** A Significant reduction was observed in abdominal girth from 96cm to 82cm and complete resolution of pedal oedema, and clinical symptoms. Also, the raised value of liver function test reduced significantly especially total bilirubin 9.3 to 3.8 after 23 days of treatment with one follow-up. **Conclusion:** The present case demonstrates that *Pachana, Nityavirechana, herbomineral rasayanas* and proper dietary regulations for 23 days significantly managed *jalodara* secondary to alcoholic liver disease effectively with no adverse event. Highlighting the feasibility, safety and reproducibility of classical *jalodara* treatment in ascites due to chronic liver disease proving its role as supportive and integrative approach.

**KEYWORDS:** Ascites, Alcoholic liver disease, Case report, *Jalodara, Udara*

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## 1. INTRODUCTION

Alcoholic liver disease is group of conditions that occur due to excessive alcohol consumption. This is significantly growing problem today in India, with prevalence of approximately 4.8% of the general population. [1] Hospital-based studies report that ALD accounts for 50-53% of chronic liver disease, especially in middle-aged men with high morbidity and mortality. [2] The most severe complication of ALD is ascites, observed in 29-60% patients. [2] Ascites is the excessive accumulation of fluid in the peritoneal cavity and it is correlated with *Jalodara*, [3] one of the eight types of *udara roga* (abdominal distension) explained in *Ayurveda*, characterized by the accumulation of fluid in the *udara* (abdominal cavity). This condition presents with abdominal distension associated with pedal oedema, anorexia, icterus and general weakness. [4] In *Ayurveda*, *udara* is a condition characterized by enlargement of *udara* and is considered a *Dosha* combination) disease. As per *Charaka*, it is one of the Grave diseases. [5] He also considered it as *ekadeshi sthotha localised oedema*, [6] abdominal distension due to accumulation of *dosha and agni dushti*. [7] [8] The management of ascites in contemporary medical sciences focuses on symptomatic relief whereas Ayurveda, improves patient outcomes through therapies like *deepana pachana, nitya virechana*, [9] dietary regulations through *Pathya-Apathya*, [10] and herbal formulations. [9] [11] Restoring the *agni* and cleansing *srotas* and nourishing the *dhatu*s. This case report adds evidence in the management of *jalodara* with *Ayurveda* and supports adapting the integrative approach in complex and challenging cases like chronic liver disease with ascites as complication. Structured integration of *Ayurveda* diagnostics and treatment with modern investigation LFT and CT scan adds evidence in the management of *jalodara* with *Ayurveda* by improving follow-up outcomes makes this case novel.

## 2. CASE REPORT

**Patient information:** A 38 years old male patient came with complaints of pain and distension of the abdomen, reddish discoloration of skin in lateral aspects of abdomen, thighs and buttock region. Associated complaints of swelling of bilateral lower limbs, yellowish discoloration of eyes and urine and decreased appetite. At the time of admission patient was conscious and vital functions were normal. The patient had no history of diabetes and hypertension or any other surgical intervention. He had no relevant family history as well. The patient consumed sweeter), mild pungent foods, vegetarian diet and had over-exerting lifestyle as he was a farmer with a normal appetite, regular bowel and adequate sleep. He also had habit of day sleep and had been consuming alcohol for more than 10 years.

### Clinical Findings

General examination showed the patient was adequately nourished with moderate build, exhibiting pallor, icterus, and bilateral pedal oedema, but had no signs of cyanosis or lymphadenopathy. Vitals were within normal limits with only increased blood pressure of 140/90 mmHg. On systemic examination, CVS, Respiratory and CNS were within normal limits with no abnormal findings noted.

### Per-abdomen examination

**Inspection:** distension of the abdomen with visible fullness and prominent flanks suggestive of intra-abdominal fluid collection, Umbilicus slightly everted, Petechial rash over flanks and buttocks, and respiratory movements of the abdomen were present but reduced. No visible veins and scars noted.

**Palpation:** On palpation, the abdomen was soft and distended with mild generalized tenderness present with no guarding or rigidity. Liver and spleen were not palpable nor any other palpable mass detected. The temperature over the abdomen was normal. Fluid thrill was distinctly noted confirming the intra-abdominal fluid.

Percussion: On percussion, the central abdomen showed tympanic note whereas the flanks were dull consistent with ascites. Shifting dullness was noted with change in patient position and puddle sign was positive.

Auscultation: Bowel sounds were heard but diminished due to the fluid and no abnormal vascular or bruits were heard.

#### Investigation:

**CT scan of Abdomen and Pelvic (08/02/2022):** Scan revealed Irregular liver surface with few collateral channels. Mild splenomegaly, Chronic liver parenchymal disease with portal hypertension. A few ill-defined arterial phase hyper enhancing lesions were noted in both hepatic lobes, and peritoneal cavity showed moderate ascites.

**Liver function test (7/2/2022):** the level of Bilirubin total was 5.8mg/dl, Bilirubin direct was 3.8mg/dl, indicative of conjugate hyperbilirubinemia. Increased AST/SGOT and ALT/SGPT levels as 51.6U/L and 58.3U/L, may suggest cholestatic involvement. Alkaline phosphatase, albumin and globulin were found within normal levels. Overall LFT values are suggestive of Hepatic dysfunction.

#### Ashtavidha Pariksha

- *Nadi:* 82/min, *pitta pradhana*
- *Mutra:* 7 times/day
- *Mala:* regular evacuation of stool
- *Jihva:* not coated)
- *Sabda:* normal
- *Sparsha:* Samasheetoshna
- *Eye:* Yellow

**Table 1: Differential diagnosis**

Differential diagnosis	Inclusion	Exclusion
<i>Pleehodara/yakrutodara</i> (enlarged spleen/ <i>yakruta</i> )	<i>Kukshi athi matra vrudhi</i> (distended abdomen), <i>agnimandya</i> (reduced digestive fire), <i>balakshaya</i> (weakness), <i>pita varna netra</i>	No initial <i>hepatosplenomegaly</i> leading to <i>abdominal distension</i> , No fever, vomiting, Syncope engorged veins no palpable liver and spleen, no <i>parva bheda</i> (small joint pain).
<i>badhodara</i> (intestinal obstruction):	<i>Adhmana</i> (abdominal distension), <i>Agnimandya</i> (reduced digestive fire), <i>Swasa</i> (breathlessness)	Absence of pain in head, chest, umbilicus & anus and severe constipation. On palpation, the abdomen was neither rigid and no fluid thrill and shifting dullness present.

- *Akriti:* *Madhyama*

#### Dashavidha pareeksha

- *Prakriti:* *pitta vata*
- *Vikruti:* *pitta* dominant *tridosha dushti* affecting *agni*, with impaired *rasa, rakta, mamsa dhatus, rasa, rakta, sweda* and *udakavaha shrotos* and *sangha* and *vimarga gamana shrotodushti, yakruta* as *adhithana* and *udara* as *vyakta sthana*.
- *Sara:* *Avara* ; *Samhanana:* *Avara*
- *Satwa:* *Madyama* ; *Satmya:* *Sarvarasa*
- *Ahara sakti:* *Madhura rasa pradhana sarva rasa*
- *Vyayama sakti :* *Avara*
- *Bala:* *Avara*
- *Vaya:* *Madhyama*

**Diagnostic Assessment:** based on dietary causes excessive dry, alkaline, sour, spicy, contaminated, incompatible food and excessively disturbed dietary and lifestyle habits and presence of premonitory symptoms (weakness, dullness), pain, pedal edema), and reduced strength and breathlessness, weakness, fluid thrill, and distended abdomen, the disease was diagnosed as Ascites.

Assessment: Grade 3 Ascites (large or gross ascites, with abdominal distention) as per the Grading system for ascites endorsed by the International Ascites Club. [12]

Diagnostic challenges: were overlapping presentations of ascites due to portal hypertension and hepatic inflammation, though history of alcohol consumption, clinical examination, LFT and CT scan distinctly helped in diagnosis.

### Therapeutic Intervention & Timeline

A systematic classical treatment approach with avoiding the cause by restricting the alcohol, salt, water and incompatible, fermented and heavy foods. The second thing focused on the dietary regimen, which included *Mudga yusha*, Milk in small quantities, Light, easily digestible and warm water intake. Thirdly, *Agnideepana & Ama Pachana* using *Bhoonimbadi Kashaya*, *Kalamegha strong* and *Arogyavardhini Vati*, for cleansing the channels & depleting the water content, *Goarka* (cows urine distillate) with *Katuki Churna* (powder of

*Picrorhiza kurroa*. Royle ex Benth) as a diuretic effect and removal of watery content. *Shodhana* which is the classical line of treatment in the form of *nitya virechana* {daily purgation}, was given on day 1: *gandhrava hastadi taila*, day 1–7: *Avipattikara Churna* with warm water and day 8–14: *Katuki Churna* mixed with *Nimbu Swarasa* and *Goarka*. *Punarnava Mandura as rasayana* was given. Patient was discharged with oral medicines and asked to follow-up after 10 days.

**Table 2: Intervention and outcome**

Date	Intervention	Dose	Frequency	Outcome		
				Pain Vas Score	Abdomen Tightness Of Abdomen (in %)	Pain And Swelling In Bilateral Lower Limb (in %)
Day 1 13-02-2022	1.BK	3Teaspoon	TID	6/10	100	100
	2.AV	1 Tablet	TID			
	3.PM	1 Tablet	TID			
	4.GET	20 mL	HS			
	5.Pathya:MY	50 mL	BD			
Day2-3 14-02-2022- 15/02/2025	1.BM	3Teaspoon	TID	4/10	70%	70%
	2.AV	1 Tablet	TID			
	3.PM	1 Tablet	TID			
	4.GET	20 mL	HS			
	5.AC	10 g	OD (In Morning Empty Stomach)			
	6.Pathya:MY	50 mL	BD			
Day4 16-02-2022	1.BM	3Teaspoon	TID	6/10	70%	70%
	2.AV	1 Tablet	TID			
	3.PM	1 Tablet	TID			
	4.KC With NS	2 g	OD (In Morning Empty Stomach)			
	5.AC	10 g	HS			
	6.Pathya:MY	50 mL	BD			
Day 5&6 17-02-2022 - 18/02/2022	1.BK	3 Teaspoon	TID	2/10	60%	50%
	2.AV	1 Tablet	TID			
	3.PM	1 Tablet	TID			
	4.KC With NS	5 g	OD (In Morning			

			Empty Stomach)			
	5.Pathya:MY	50 mL	BD			
Day 7 19-02-2022	1.BK	3Teaspoon	TID	2/10	60%	50%
	2.AV	1 Tablet	TID			
	3.PM	1 Tablet	TID			
	4.KC With NS	5 g	OD (In Morning Empty Stomach)			
	5.AC +TK	10 g + 50 mL	HS			
	6.Pathya: MY	50 mL	BD			
Day 8 20-02-2022	1.BK	3Teaspoon	TID	2/10	60%	50%
	2.AV	1 Tablet	TID			
	3.PM	1 Tablet	TID			
	4. KC With NS	15 g	OD (In Morning Empty Stomach)			
	5.AC + TK	15 g + 50 mL	HS			
	6.Pathya:MY	50 mL	BD			
Day 9-12 21-02-2022 - 24/02/25	1.BM	3Teaspoon	TID	2/10	50%	40%
	2.AV	1 Tablet	TID			
	3.PM	1 Tablet	TID			
	4.KC With NS +Gomutra	15 g + 50 mL	OD (In Morning Empty Stomach)			
	5. AC + TK	15 g +50 mL	HS			
	6.Pathya:MY	50 mL	BD			
Day 13 25-02-2022	1.BK	3teaspoon	TID	2/10	50%	30%
	2.AV	1 Tablet	TID			
	3.PM	1 Tablet	TID			
	4. KC With NS+ Gomutra	15 g + 50 mL	OD (In Morning Empty Stomach)			
	5.Pathya: MY	50 mL	BD			
Day 14 Discharge 26- 02-2022 to 7- 03-2022	1.TG	1 Tablet	TID	No pain	30%	0% complete relief
	2.AV	1 Tablet	TID			
	3.PM	1 Tablet	TID			
	4.KS	3Teaspoon	TID			

(BK: Bhunimbadi Khada, AV: Arogyavardhini Vati, PM: Punarnava Mandoora GET: Gandharvahastadi Eranda Taila, MY: Mudga Yusha, AC: Avipattikara Churna, KC: Katuki Churna, NS: Nimbu Swarasa, TK: Triphala Kashaya, TG: Triphala Guggulu, KS: Kalameha Strong)

(BK- Batch No: 31, Vaidya Patankar Pharmacy Pvt. Ltd., AV -Batch No: I KLE 22-23, KLE Ayurveda Pharmacy, PM -Batch No: I-KLE 22-23, KLE Ayurveda Pharmacy, GET -Batch No: KL9GN, KAPL Pharmacy, AC- Batch No: I-KLE 22-23", KLE Ayurveda Pharmacy, KC - Batch No: i-kle 21-22", KLE

Ayurveda Pharmacy, TK- Batch No: i-klev21-22", KLE Ayurveda Pharmacy, TG- Batch No: i-kle 21-22..., KLE Ayurveda Pharmacy, KS-Batch No: 243. Swadeshi Ayurved)

**Table 3: Nitya virechana chart**

Date	Virechana Dravya	Vega
13/02/2022	Gandharvahastadi taila 20mL with warm water	2
14/02/2022	Avipattikara churna 10g	1
15/02/2022	Avipattikara churna 10g	1
16/02/2022	Katuki churna 2g with nimbu swarasa	3
17/02/2022	Katuki churna 5 gm with nimbu swarasa	8
18/02/2022	Katuki churna 5 gm with nimbu swarasa	3
19/02/2022	Katuki churna 5 gm with nimbu swarasa	4
20/02/2022	Katuki churna 10 gm with nimbu swarasa	4
21/02/2022	Katuki churna 15 gm with nimbu swarasa	6
22/02/2022	Katuki churna 15 gm with nimbu swarasa	4
23/02/2022	Katuki churna 15 gm with nimbu swarasa + Gomutra – 50 ml	3
24/02/2022	Gomutra – 50 ml	
25/02/2022	Katuki churna 15 gm with nimbu swarasa + Gomutra – 50 ml	4

**Table 4: Abdominal girth measurement**

Dates	Measurements	CMs
13-02-2022	At Umbilicus	96
	1 Inch Above Umbilicus	94
	1 Inch Below Umbilicus	86
25-02-2022	At Umbilicus	83
	1 Inch Above Umbilicus	83
	1 Inch Below Umbilicus	80
08-03-2022	At Umbilicus	82
	1 Inch Above Umbilicus	82
	1 Inch Below Umbilicus	80



**Figure 1: Pedal edema before and After Treatment**

**Follow-up and outcome:** After 13 days of initial hospital admission patient was discharged and scheduled for a follow-up after 10 days. The primary outcome was reduced abdominal girth and pedal oedema along with improved other clinical presentations like increased appetite, absence of breathlessness and icterus. The clinical improvement was evidenced by laboratory findings with significant improvement in liver function.



**Figure 2: CT Scan Abdomen & Pelvis coronal image with moderate ascites**

**Table 5: Liver Function Tests**

Date	Total Bilirubin	Direct Bilirubin	AST/ SGOT	ALT/ SGPT	ALP
07/02/22	5.8 mg/dl	3.8 mg/dl	51.6 U/L	58.3 U/L	175.5 U/L
12/02/22	9.3 mg/dl	4.0 mg/dl	112 U/L	42 U/L	125 U/L
19/02/22	7.0 mg/dl	3.6 mg/dl	60 U/L	32 U/L	90 U/L
25/02/22	4.8 mg/dl	3.0mg/dl	32 U/L	86U/L	121U/L
08/03/22	3.8 mg/dl	2.6mg/dl	30.3 U/L	70 U/L	122 U/L

**Adherence, Tolerance and Adverse Events:** The patient reported good tolerance to the treatment under continuous monitoring and supervision as documented through regular clinical assessment and follow up visits for initial 13 days under inpatient care. Following discharge, the patient adhered to prescribed treatment by self-reporting method for 10 days until next follow-up. No adverse events were observed during either the inpatient care or post discharge follow up period.

### 3. DISCUSSION

Worldwide, it's found that alcoholic liver disease (ALD) is one of the leading causes for chronic liver dysfunction. Ascites is a major complication resulting from portal hypertension and hepatic insufficiency. *Ayurveda* describes a comparable entity under *Udara Roga*, especially *Jalodara*, where fluid accumulates in the abdomen as shown in [figure 2](#) due to *Agni mandya excessive kleda* and *Rasa-Rakta dushti* causing *yakrit vikruti* and *Udakavaha srotodushti*. The *Ayurveda* principles applied in the present case are avoiding the cause, to correcting *Jatharagni*, cleansing the channels with daily purgation to remove *Pitta*, *Kleda*, and excess fluid and *Rasayana* to rejuvenate liver tissue and wholesome diet to enhance metabolism as detailed in [Table 1](#). Study By Anita Sharma et al (2025) stated that combination of herbal drugs with hepatoprotective and diuretic properties efficiently managed *madyajanit jalodara* by significantly reducing the symptoms and abdominal girth. [13]

*In the present case, nidana parivarjana* involved a gradual decrease in alcohol consumption, eventually leading to complete abstinence. This was accompanied by a restricted diet of salt and water, as well as the elimination of heavy and incompatible foods, which prevented further derangement of *pitta and kapha doshas, dhatus, and agni*. The patient was kept only on green gram soup and milk diet. The specialty of green gram is its easily digestible with high-quality protein, fiber, vitamins and minerals improving the glucose and lipid

metabolism thus reducing oedema. It also exhibits hepatoprotective and immunomodulatory effects. [14] *Agnideepana* was very crucial part of management as it's the main cause for *udara roga*, hence *Bhoonimbadi kadha* was prescribed. It does the *shamana* of *pitta dosha* and enhances *Agni* and helps in breakdown of pathogenesis. [15]

*Chikitsa Sutra* of *Jalodara* is "*Nitya Virechana*" *Avipattikara* churna with warm water in the initial days and then with *katuki choorna* mixed with *nimbu swarasa and goarka* during last few days was given in the present case for *Virechana* as detailed in [Table 2](#). *Avipattikara churna* does *pitta anulomana, agnideepana* and *ama pachana* and *ushna jala* enhances the drug action and also facilitates smooth bowel movement. *Katuki choorna*, by its *Ushna* (hot), *Tikshna* (sharp) and *Ruksha* (dry) *Guna*, it does *bhedana and rechana* removing *Srotosanga*. It also stimulates liver and spleen. *Lemon juice* acts as *yogavahi* enhancing *katuki* absorption and does *Agni Deepana*. *Goarka* by its *ushna, teekshna* and *vyavayi guna* facilitates deeper penetration, *virechana* causing *udaka vilayana* (fluid expulsion) reducing abdominal distension evident in [Table 3](#). Thus, *virechana* with these drugs addressed the *dosha vitiation, shrotoshodhana and kleda* (fluid accumulation) and thereby reducing oedema all over the body as illustrated in [Figures 1](#) and expelling the vitiated *pitta*. *Arogyavardhini Vati* is known for its benefits especially in liver diseases. It also does the digestion of excess fluid and moistness and *Raktavardhana*. *Punarnava Mandura* is indicated in *Pandu* (anemia), *Shotha* (oedema) and *Shwasa* (bronchial asthma). It clears the *rakta* and nourishes the *dhatu* there by increasing the *ojas*. *Mandura* facilitates formation of *rakta dhatu* and acts as source of bioavailable iron thus supporting hemopoiesis. *Kalamegha* strong acts on liver diseases by protecting the liver against damage caused by free radicals due to its antioxidant and anti-inflammatory activity thus improving the liver function outlined in [Table 4](#). It also does *Kapha-kleda soshana and pitta virechana*. Similar

results were noted by Mishra, R.S. & Chandurkar, V. (2023) with Ayurveda treatment that stimulated hepatic function by increasing digestion and daily therapeutic purgation, and milk. [16]

#### 4. CONCLUSION

This case illustrates the effective management of *jalodara* secondary to chronic alcoholic liver disease using *Nitya virechana* (daily purgation) for 13 days, diet and lifestyle advice, and Ayurvedic herbo-mineral rasayana for 23 days. Abdominal girth reduced from 96cm to 82cm, and complete resolution of pedal oedema, pain abdomen, loss of appetite, weakness and yellow discoloration. The liver function test showed marked improvement in total bilirubin 9.3 mg/dL reducing to 3.8 mg/dL, direct bilirubin 4.0 mg/dL to 2.6 mg/dL, and AST/SGOT to 112 U/L to 30.3 U/L following structured *Ayurveda* treatment. No adverse events noted during treatment. Though randomized clinical studies with longer follow-up are needed to validate and standardize the *Ayurvedic* intervention.

**Declaration of Patient Consent** – The authors confirm that they have acquired a patient consent form, in which the patient or caregiver has granted permission for the publication of the case, including accompanying images and other clinical details, in the journal. The patient or caregiver acknowledges that their name and initials will not be disclosed, and sincere attempts will be undertaken to safeguard their identity. However, complete anonymity cannot be assured.

**Patient perspective** - The patient reported severe discomfort and pain due to abdominal distension, breathlessness, loss of appetite and disturbed sleep before treatment. During the treatment patient experienced gradual decrease in pain and abdominal discomfort and other symptoms. By the end of treatment, he was back to his routine life with improved daily functioning. The patient acknowledged the treatment, care and improvement seen during the entire course of Ayurveda treatment.

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