

CONCEPTUAL STUDY ON MANAGEMENT OF JALODARA

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ABSTRACT

Jalodara is common udararoga in today's era, its occurrence is increasing day by day in our society. In jalodara, there is accumulation of fluid in between twak and mamsa of udara Pradesh(abdomen). The common causes are mandagni, srotoavarodha and apa dosha etc. Here vitiated Kapha and Vata are mainly involved. The accumulated doashas obstructs the swedavaha and ambuvaha srotas as a result of distension of abdomen. In Ayurveda 8 types of udara roga are being mentioned and every udara roga finally converted into incurable jalodara, not being treated. It can be correlated with ascites based on its clinical features. Ascites is the abnormal accumulation of excessive free fluid in the peritoneal cavity. In modern science there is no any medicine available for ascites only one surgical treatment is available that is tapping which also gives temporary relief while ayurveda gives best results without any injury to body. Ayurvedic treatment principles for Jalodara have been discussed in details. These include Nidan parivarjana, shodhana, shamana and shastra karma.

KEYWORDS: Jalodara, Ascites, Udara roga, Swedavaha and Ambuvaha srotas.

INTRODUCTION

In Ayurveda, there is concept of Ashtamahagada(eight fatal diseases) which are dreadful and difficult to cure. Udara roga is included one among Ashtamahagada and Jalodara is one among eight types of Udara roga. The dosha sanchaya and mala sanchaya occurs because of mandagni which causes srotorodha of udakavaha and rasavaha srotas. Further vitiates prana, apana,agni and ultimately causes accumulation of udaka in the body mainly in udara, which is cardinal feature of jalodara.^[1] It is characterised by abnormal distension due to this, there is abnormal increase in abdominal girth of the patient.

According to the modern conception Ascites is sequel to some other disease or complication. The term Ascites originated from the Greek word 'askos' means a bag or bladder, sometimes Ascites is applied to the fluid itself. Ascites, which is the accumulation of excess fluid in the abdomen, is often among the first signs of decomposition in patients with chronic liver disease. Cirrhosis is the

underlying cause of Ascites in at least 80% of patients, but other factors (eg: heart failure, constrictive pericarditis, nephrotic syndrome, tuberculous peritonitis, peritoneal malignancy and pancreatic duct leak) must also be considered. The development of Ascites in setting of cirrhosis is an important landmark in the natural history of chronic liver disease, because approximately 50% of patients die within in years.^[2]

AIMS AND OBJECTIVES

To study in detail about Jalodara.

MATERIAL AND METHODS

Source of Data:

- Classical textbooks of Ayurveda.
- Textbook of Modern Science.
- Published article from periodic journals and other magazines.

Historical review of Jalodara

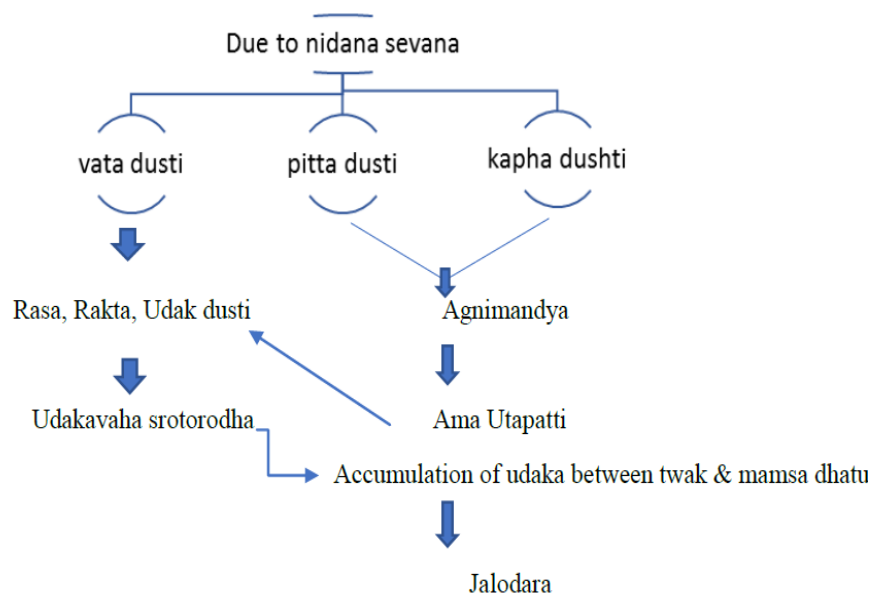
Rgveda: Jalodara is a disease infected by God varuna (lord of water). Varuna the lord of cosmic order who controls the rhythmic movement of nature and incessant flow of rivers, who has been praised as the knower of hundreds and thousands of drugs.^[3]

Atharvaveda: Atharvaveda, contributed by two great sages Atharvan and Angira, which mainly deals with the daily life, health and sickness designated as Bhaishajya veda. Diseases, drugs, treatments, preparations are numerous and the disease jalodara is also described in Atharvaveda.

Atharvaveda describes jalodara patient looks like quivering, inflated water bag when he walks and when he sits, his belly hangs and falls about like a vessel when it has been unbound and also feels thirsty though being surrounded by water.^[4]

Agnipurana: It prescribes diet and dietetics and advises the jalodara patients to eat vatya bala with thickened milk or vastuka with butter, boiled Shashtika Shali and recipes made of Yava, Godhuma, Mudga, Brahmaraksa, Khadirasara, Nimba, Dhatri, and Jatiphala.^[5]

Samprapti



Samprapti Ghatakas

- Dosha: Tridosha (prana, apana agni)
- Dushya: Rasa, Udaka, Sweda
- Agni: Jatharagni
- Srotas: Rasa, Udaka, Sweda
- Srotodusti: Sanga, Vinargagamana
- Udbhava sthana: Amashaya
- Sanchayasthana: Udara, Twakmamsanthara
- Adhistan: Udara
- Roga marga: Abhyanatara, Bahya

Bheda^[9]

- 1) Swatantra jalodara(which occurs independently)

Garudapurana: Garudapurana has elaborately mentioned about udararoga. The prana vayu brings about the derangement of the apana vayu, and keeps them incarcerated in the union of the tvak and mamsa, thus giving rise to a distended condition of the abdomen called uadarroga. The deranged conditions of dosha obstructs swedavaha and rasavaha srotas, excite prana, apana vayu and agni causes Udararoga. Distension of abdomen with gas, dourbalya, mandagni, shotha etc are symptoms of Uadarroga.^[6]

Nidana

The person who is lean, thin with mandagni consumes excessive water and his agni will be destroyed. Vayu located in kloma and obstructs srotas, kapha is associated with watery substance take possession of the abdominal cavity and causes Jalodara.^[7]

One who takes cold water after intake of panchakarma procedures like snehana, vamana, virechana and basti karmas (without following the samsarjana kramas) his udakavaha srotas get vitiated and also when they are coated with fat, in this condition jalodara takes palce.^[8]

- 2) Paratantra jalodara(which arises as a complication of other diseases).

Signs and Symptoms^[10-12]

- 1) Aruchi(anorexia), pipasa(morbid thirst), guda srava(dicharge from rectum), shula(colic pain), swasa(dyshpnoea), kasa(cough) and daurbalya(general weakness).
- 2) The abdomen is snigdha(unctuous), mahat(big) and sthira. There is prensce of vrittanabhi(bulging umbilicus).

- 3) Udaram nanavarna raji sira santatam- appearance network of veins having different colour over the abdomen.
- 4) Udaka purna driti khshobha samsparsha – in percussion and palpation ,the physician feel as if the abdomen is a leather bag filled with water.

Stages of Jalodara^[13]

There are three Avasthas (stages) of Jalodara which are as follows.

- I. Ajjatodakavastha (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)

Upadrava

1. chardi(vomitting)
2. Atisaar(diarrohea)
3. Trishna (excessive thirst)
4. Hikka (hiccough)
5. Mutraghata (retention of urine)
6. Parshwa Shool
7. Tamak Shwasa
8. Kasa(cough).

Sadhya- Asadhyata.

- 1) 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 abdomen¹⁴.
- 2) Jalodara in its jatodaka stage is Asadhya(incurable) right from its origin.^[15]
- 3) Jalodara with complication is also Asadhya(incurable).

Pathya -Apathya

Pathya	Apathya
Raktashali	Anoop mamsa, Tilam
Yava	Abhisyandhi dravya- dahi
Mudga	Ushna/Lavana/Amla dravya
Ajmoda, Jeera, Mishi	Snehapana, Guru ahara, Ati Jalapana
Ksheera, Gomutra, Takra	Starchi food – rice, potato
Lasuna, Ardraka, Haritaki	Smoking, Vahana savari, Matradhikya anna
Vastra pattu bandhan on abdomen	Dairy products, processed food- pizza, burger

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.

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 accumulation of fluid in udarapradesha. This can be considered as disease called Ascites.

Chikitsa

- 1) Nidan parivarjana (Avoidance of etiological factors)
- 2) Shodhana :
Nitya virechana- Patient of jalodara should be given purgation therapy everyday.^[16]
For this purpose following medicines are administered.^[17]

- A) Erand taila mixed with gomutra or godugdha should be given daily for one or two months.
- B) Mahisha mutra mixed with milk for seven days.
- C) Gomutra Haritaki prayoga.
When body is cleaned by the help of virechana then samsarjana karma should be followed.

3) Shamana

- Asava - Punarnavasam
- Loha- Yakrit pilhari Loha, Tapyadi Loha
- Leha- Kottakkal chitraka leham
- Vati- Arogyavardini vati
- Rasa - Ichhabhedhi rasa, Jalodarari rasa, udarari rasa

4) Shastra karma (Abdominal tapping)-The physician should puncture the left side of the abdomen below the umbilicus with the help of Vribimukha 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.^[18]

5) Diet regimen after abdominal tapping^[19] - 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.

The Ayurvedic management of Jalodara mainly focuses upon Nidana parivarjana (avoidance of etiological factors), Correcting Agni, SrotoShodhana chikitsa (Purificatory therapy), Shamana chikitsa (Palliative therapy) and Shastra karma (Surgical measure).

Niranna, Nirjala and Nirlavana chikitsa are proved to be very beneficial for this disease.

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