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

Md Tanzil Ansari1*, Sukumar Ghosh2, Trisha Talapatra3

*1: P.G. Scholar, 2Professor and HOD, Department of Kayachikitsa, Institute of Post Graduate Ayurvedic Education and Research at S.V.S.P., Kolkata, West Bengal, India.

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 Aj godtakavastha, 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 Nidan 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 atikriyasaya (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), Yamana (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 nanavarana rajai sira santatat–appearance of network of veins having different colour over the abdomen.
IV. Udaka purna driti kshobha samsparsha–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 avardha 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 doshaharanayadav 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 Kaphagha ahara. Gradually, the patient should be prohibited to take water and such other liquids.[14]
IV. Takra (butter milk) mixed with Trikatu cura 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.[19] 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 ‘Vrisheshana 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 Doshas atimatra upachayat (excessive accumulation of Doshas) and Srotomarga nirvadhanat (obstruction to the opening of srotas). That’s why, the patient of Jalodara should be given purgation therapy everyday (Nityameva virechayat).\[25\] For this purpose following medicines are administered\[26\],

- i. *Eranda taila* (castor oil) mixed with cow’s urine or cow’s milk should be given daily for one or two month(s).
- ii. *Mahisha mutra* (buffalo’s urine) mixed with milk for seven days.
- iii. *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 *Shastra 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 *Srotan 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 *Trikatu cura* 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.\[20\] 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 *Shastra 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 *Srotan shodhana*. Hence, *Nitya virechana* is very significant in the management of *Jalodara* (Ascites).
REFERENCES

1. Sharma RK, Dash B. Caraka Samhita. Vol. III (Chikitsa sthana-13/20). Reprint ed. Varanasi; Chowkhambha Sanskrit Series Office; 2012. p. 524.
2. Sharma AK. Kayachikitsa. Part II. Reprint ed. Delhi; Chaukhamba Orientalia; 2013. p. 209.
3. Sharma AK. Kayachikitsa. Part II. Reprint ed. Delhi; Chaukhamba Orientalia; 2013. p. 209.
4. https://en.m.wikipedia.org/wiki/Ascites.
5. Sharma RK, Dash B. Caraka Samhita. Vol. III (Chikitsa sthana-13/45,46). Reprint ed. Varanasi; Chowkhambha Sanskrit Series Office; 2012. p. 534.
6. Murthy KRS. Illustrated Sushruta Samhita. Vol. I (Nidan sthana-7/21,22). Reprint ed. Varanasi; Chaukhamba Orientalia; 2016. p. 206.
7. Sharma RK, Dash B. Caraka Samhita. Vol. III (Chikitsa sthana-13/47). Reprint ed. Varanasi; Chowkhambha Sanskrit Series Office; 2012. p. 535.
8. Murthy KRS. Illustrated Sushruta Samhita. Vol. I (Nidan sthana-7/23). Reprint ed. Varanasi; Chaukhamba Orientalia; 2016. p. 206.
9. Murthy KRS. Vagabhata’s Astanga Hridayam. Vol. II (Nidana sthana-12/38-40). Reprint ed. Varanasi; Chowkhamba Krishnadas Academy; 2012. p. 119-120.
10. Sharma RK, Dash B. Caraka Samhita. Vol. III (Chikitsa sthana-13/48). Reprint ed. Varanasi; Chowkhambha Sanskrit Series Office; 2012. p. 535-536.
11. Sharma RK, Dash B. Caraka Samhita. Vol. III (Chikitsa sthana-13/54). Reprint ed. Varanasi; Chowkhambha Sanskrit Series Office; 2012. p. 537-538.
12. Sharma RK, Dash B. Caraka Samhita. Vol. III (Chikitsa sthana-13/51). Reprint ed. Varanasi; Chowkhambha Sanskrit Series Office; 2012. p. 537.
13. Sharma RK, Dash B. Caraka Samhita. Vol. III (Chikitsa sthana-13/61). Reprint ed. Varanasi; Chowkhambha Sanskrit Series Office; 2012. p. 539-540.
14. Sharma RK, Dash B. Caraka Samhita. Vol. III (Chikitsa sthana-13/93,94). Reprint ed. Varanasi; Chowkhambha Sanskrit Series Office; 2012. p. 548.
15. Sharma RK, Dash B. Caraka Samhita. Vol. III (Chikitsa sthana-13/105). Reprint ed. Varanasi; Chowkhambha Sanskrit Series Office; 2012. p. 550-551.
16. Sharma RK, Dash B. Caraka Samhita. Vol. III (Chikitsa sthana-13/189,190). Reprint ed. Varanasi; Chowkhambha Sanskrit Series Office; 2012. p. 570.
17. Sharma RK, Dash B. Caraka Samhita. Vol. III (Chikitsa sthana-13/191-193). Reprint ed. Varanasi; Chowkhambha Sanskrit Series Office; 2012. p. 570-571.
18. Colledge NR, Walker BR, Ralston SH. Davidson’s Principles and Practice of Medicine. 21st ed. New York; Churchill Livingstone Elsevier; 2010. p. 936-938.
19. Longo, Fauci, Kasper, Hauser, Jameson, Loscalzo. Harrison’s Principles of Internal Medicine. Vol. 2. 18th ed. New York; The McGraw-Hill Companies; 2012. p. 2600.
20. https://www.healthline.com/health/ascites#treatment.
21. Vasu W, Vasu H. The Shabdakalpadruma. 2nd part. Reprint ed. Varanasi; Chaukhamba Surbharati Prakashan; 2015. p. 878.
22. Vasu W, Vasu H. The Shabdakalpadruma. 4th part. Reprint ed. Varanasi; Chaukhamba Surbharati Prakashan; 2015. p. 420.
23. Sharma RK, Dash B. Caraka Samhita. Vol. VI (Kalpa sthana-13/189,190). Reprint ed. Varanasi; Chowkhambha Sanskrit Series Office; 2012. p. 3.
24. S Rashmi, Rao VG, Jayaraj R. A Conceptual Study on Nitya Virechana: Review Article. European Journal of Biomedical and Pharmaceutical Sciences. 2018; 5(9): 182.
25. Sharma RK, Dash B. Caraka Samhita. Vol. III (Chikitsa sthana-13/61). Reprint ed. Varanasi; Chowkhambha Sanskrit Series Office; 2012. p. 539-540.
26. Murthy KRS. Illustrated Sushruta Samhita. Vol. II (Chikitsa sthana-14/10). Reprint ed. Varanasi; Chowkhambha Orientalia; 2016. p. 143-144.
27. Sharma RK, Dash B. Caraka Samhita. Vol. III (Chikitsa sthana-13/62). Reprint ed. Varanasi; Chowkhambha Sanskrit Series Office; 2012. p. 539-540.
28. Sharma RK, Dash B. Caraka Samhita. Vol. III (Chikitsa sthana-13/108). Reprint ed. Varanasi; Chowkhambha Sanskrit Series Office; 2012. p. 551.
29. Sharma RK, Dash B. Caraka Samhita. Vol. III (Chikitsa sthana-13/111). Reprint ed. Varanasi; Chowkhambha Sanskrit Series Office; 2012. p. 552.

Cite this article as:
Md Tanzil Ansari, Sukumar Ghosh, Trisha Talapatra. A Review on The Significance of Nitya Virechana in the Management of Jalodara (Ascites). International Journal of Ayurveda and Pharma Research. 2021;9(2):61-64.

Source of support: Nil, Conflict of interest: None Declared

*Address for correspondence
Dr. Md Tanzil Ansari
P.G. Scholar,
Department of Kayachikitsa,
Institute of Post Graduate Ayurvedic Education and Research at S.V.S.P.,
Kolkata, West Bengal, India.
Email: tanzilansari23@gmail.com
Contact: 7890164250

Disclaimer: IJAPR is solely owned by Mahadev Publications - dedicated to publish quality research, while every effort has been taken to verify the accuracy of the content published in our Journal. IJAPR cannot accept any responsibility or liability for the articles content which are published. The views expressed in articles by our contributing authors are not necessarily those of IJAPR editor or editorial board members.

Available online at: http://ijapr.in