Received: 04th December 2022 ***Revised: 30th December 2022*** ***Accepted: 24th January 2023***

THE ROLE OF PANCHAGAVYA MILK AND URINE IN LIVER CIRRHOSIS & ASCITES–A CASE STUDY

***Dr. Charan Sonare**
BAMS, PGDHHM at IGNOU, PG Yogshashtra at SGBAU, Amravati, India.
Consultant at Rural Hospital, Warud, Amravati, India.
Mail ID: drcharansniar@gmail.com

Abstract

Ascites is the most prevalent symptom of liver damage, and liver disease is the most frequent cause of ascites. Ascites is a fluid due to the accumulation in the peritoneum. Despite advanced medical facilities,there is no definitive cure for ascites.While the abdominal cavity accumulates fluid on a regular basis modern treatments any provide short-term relief. In such circumstances, Ayurvedic medicine helps relieve without any adverse effects and can be linked to Jalodara (ascites), which is stated in Ayurvedic medical Science. Samhita mentions dietary restrictions, medical therapy, and surgical procedures. Dietary restrictions are an important part of managing this illness. A 41-year-old man was admitted to the hospital suffering from anorexia, abdominal distension, post-meal puking, breathing difficulties, and other symptoms. He received Nitya Virechana (daily therapeutic purgation) using Indawan yog, cow's urine, Punarnava Kwatha,, Sharapunkha Swarasa, and other herbs, as well as a restrictive diet. All of the patient's symptoms were significantly improved. Hb% climbed from 9.1% - 10.9%, serum billirubin was reduced from 12.91 mg/dl to 1.49 mg/dl, and abdomen girth was lowered from 105 cm to 94 cm. The ultrasonographic outcomes improved as compared to the prior report. As a result, it was established that Ayurveda medication using Panchagavya Godugdha and urine gives relief from ascites.

Keywords:-Jalodara ,Ascites ,Ayurveda Nityavirechana, Gomutra, Godugdha, diet restriction.

Introduction

Jalodara.(Ascites) is one of the critical disease among the eight types of udar roga. According to ayurveda, Jalodara.is accumulation of fluid in abdominal cavity. It is of two types i.e.svatantra (independent or primary) and paratantra (secondary)that is due to other diseases.

Acharya charaka says Jalodara is a incurable disease and susruta called all udarroga as a mahagada i,e garve alinmen tand difficult to treat. Among tridosha , prakupita vata gets accumulated in udara between twaka (skin) and mansa (muscle).Because of mandagni there is mala sanchya and dosha schya occurs and which causes srotorodha of udakvaha & rasavaha srotasa. Then it disturb prana (heart) ,Apana(renal),Agni(liver)and ultimately causes accumulation of udaka (fluid) in body mainly in udara, which is cardinal feature of Jalodara. Jalodara. Ascites as a disease has been thoroughly discussed in surgical techniques. Ayurvedic treatment uses medications such as digestive provocation, regular purgation, hepatic stimulation, and only milk as a diet. It works on the root of ascites pathology and breaks the dawn of pathogenesis, producing good results in Jalodara. (Ascites)

Case Report

A 41-year-old male patient presented to the emergency department with the major complaints of abdominal distension, anorexia and bipedal oedema severe icterus.

General weakness : - 4 months

History of present illness :-The patient had no problems until 6 months ago, when he developed anorexia, abdominal distension, bipedal oedema, minor icterus, and overall weakness.Hence he came to Shri Vishwakrupa Ayurvedic

Chikitsalaya And Panchakrma Kendra,Warud for ayurvedic treatment & daily observation.

Past History:-No history of malaria, typhoid, TB, diabetes, Hypertension, Any surgery,thyroidism.
Personal History:- Alcohol consumption from 20 years.FamilyHistory:-No anysignificant history.
Physical Examination:-

- Nadi:-vat– pitta
- Weight :-72 Kg
- BP:-120/80mmHg
- Pulse:– 84 /min
- spo2 :-96 %
- Respiratoryrate:-20/min
- Temperature:-98.6
- Pallor:-+++
- Icterus:-++++
- Bilateralpedaloedema:- +++

Systemic Examination:-

- Inspection:-Distendedabdomen
- • Palpation: tenderness in the right hypochondriac area

Percussion:-present shifting dullness and fluid thrill Investigation /Findings:-

Table1 summaries table of progressive investigation and examination before and aftertreatment.

Date (Follow-up)	**Weight** (kg)	**HB** (gm/dl)	**Sr.Bilirubin** (mg/dl)			**Platelets** (lac/cmf)	**Ammonia**	**Abd.Girth** (cm)	**USG**
			T	**D**	**I**				
09/01/2023	72.000	9.1	12.91	3.99	8.92	220	320	105	GrossAscites+++
16/01/2023	69.000	9.9	6.80	4.13	2.67	237	270	97	GrossAscites++
30/01/2023	68.300	10.2	2.91	0.93	1.98	241	117	92	mild Ascites++
15/02/2023	65.000	10.9	1.49	0.96	0.97	240	--	94	mild Ascites+

Treatment:-

Table2show relief in symptoms

Date	**Anorexia**	**Vomiting**	**AbdominalDistension**	**Respiratory distress**	**Generalizedweakness**	**Disturbed sleep**	**Bilateralpedal oedema**
09/01/2023	+++	+++	++++	++	++++	++++	+++++
16/01/2023	++	+	+++	++	+++	+++	++++
30/01/2023	+	-	++	+	++	++	+++
15/02/2023	-	-	+	-	++	++	-

+indicates severityof complaint,-indicatesabsenceof signor symptoms

Pathya-Apathya

The patient was on a restricted diet, and she was only permitted to consume cow milk and urine (Shunthi Siddha Godugdha). During the first three months, all types of meals and fluids were prohibited. Only lukewarm Shunthi Siddha Godugdha was served to the patient when she was dehydrated or starving. As adjuvants, medications were also administered with cowmilk and urine.

Result

Table 2 indicates significant improvements and outcomes in all indicators, including pedal oedema and abdominal girth.

Discussion on cause of Ascites:-

Several causes of udarroga are discussed by Acharyacharaka in the Charakasamhita. In this example, the individual was an alcoholic who had been drinking for 6 years. Continuously and he has habit of eatings picy, salty and over eating in the presence of low digestive fire(mandagni).

Discussion on treatment of Ascites:-

Table3:Treatment Schedule of patient

Date	Diet/Medicine	Dose	Time
09/01/2023	**Godugdha**pan/ NirlawanaNirjaladiet	SunthiSiddha,**Godugdha**startfrom 200mlandincreasesasperkoshtagni	Asper requirement
	Gomutra60mlperday	dosecalculatedaspervirechan	

Table4:

Date	Medicine	Dose	Anupan	Time
09/01/2023	1) Falatrikadikwath 2) Arogyawardhinivati 3) Indrawankwath 4) SootshekharRas 5) SypGetwellLK	50 ml 500 mg 50 ml 500 mg 20 ml	lukewarm waterlukewarm waterlukewarm waterlukewarmwater lukewarmwater	2 Times a day3 Times a dayInmorning 3 Times a day 2 Times a day
16/01/2023	asabove	asabove	asabove	asabove
30/01/2023	asabove	asabove	asabove	asabove
15/02/2023	asabove + Lohasav	asabove 20 ml	asabove lukewarmwater	asabove 2 Times a day

Nidanparivarjana :- This condition can be caused by a number of reasons**.** It includes madyapan, ushna, lavana, vidahi, amla and virudh ahar sevana, and poor lifestyle such as vegdharana (suppuration of natural urges). So avoid all these factors and it will help to breakdown of pathogenesis of Ascites. Along with Water and diet restrictions, the individual was put on a milk diet.

Agnidipana (provocation of digestion):- All types of udarrogas are mainly caused by the Mandagni. For Agnidipana, falatrikadi kwatha & gomutraware given. It enhance agni (digestive power)and helps to samprapti vighatana.

Stroto shodhana &Apyadoshaharana :- Because srotosangha is most common in udarroga, it is required to undergo srotoshodhana in order to eliminate the obstruction, utilizing tikshna, ushna, and kshara yukta medicine. Such as mahamrutyunjayaloh ,gomutra and falatrikarikwatha etc.
It clears strotosanga (channel blockage) and aids in samprapti vighatana. At the exact same time, apya dosha (water retention) was removed.
Nityavirechana(daily therapeutic purgation):- Using stokas stoka nirharana to recover Agni by reducing bahudoshatva and avoiding future accumulation. This is possible by employing 'Njtyavirechana.'

Indication of nitya virechana Durbalapi mahadosha :- Patients who are feeble and have an excess of dosha. Doshaati matraupachayath: If the dosha is in a morbid state,
Margavarodhath :- When morbid doshas develop a blockage in the channels. Jalodara's chikitshasutra is Nitya Virechana. Virechana is required to break apart the sanga of all doshas and retained fluid and split them. In this circumstance, abhayadimodaka was provided for the purpose of virechana. After providing Indravani yog to the individual, 6–8 vega were detected regularly.
Gomutra was given to the individual [9]. (15days). Tikshna,Ushna Guna of Mutra (urine) boosts Agni (digative power). It removes Strotosanga (blockage) of channels and aids in samprapti Vighatana with its Ushna (hot), Tikshna (sharp), and Ruksha (dry) Gunas (breakdown of pathogenesis) Concurrently, Apya Dosha (water retention) was removed in Samprapti Vighatana (breakdown of pathogenesis). Concurrently, Apya Dosha (water retention) was removed.

Arogyavardhini vati :-It's main content is kutki, which acts as pitta virechana and act on yakruta (liver). Arogyavardhini vati maintains the function of liver and promote the balance as well as healthy digestive system. It also contains tamra, loha and abhrakabhasma (purifiedmetalspower).
The bhasma also having chedana, bhedana property and helps to open the obstructed channels.

Falatrikari kwatha.:- Falatrikari kwatha is used to treat udarroga and to minimize shotha (swelling). In this example, the individual exhibited all of these signs while taking Jalodara. As a result, this kwatha produces remarkable effects in all udarroga indications.

Conclusion

Frequent therapeutic purgation, dietary restriction, and Ayurvedic medicine have shown relief in all Jalodara problems. In this circumstance, abdominal distension, bipedal edema, anorexia, and all of the previously mentioned symptoms significantly improved with no side effects. Despite this, the individual was only given milk. There were no complications during or after the treatment. As an outcome, it may be concluded that Ayurvedic medicines, Godugdha, and Gomutra gives produce superior outcomes in ascites.

REFERENCES:

1. Charak Samhita Chikitsasthan Adhyay- 13/50 by Acharya- Sidhinandan Mishra, Hindi vyakhyakar- Vd. Harishchandra Singh Kushavaha ; Chaukhambha Orientalia, Varanasi,; Pg. No.- 320 .
2. Charak Samhita Chikitsasthan Adhyay- 13/61 by Acharya- Sidhinandan Mishra, Hindi vyakhyakar- Vd. Harishchandra Singh Kushavaha ; Chaukhambha Orientalia, Varanasi,; Pg. No.- 321 .
3. 3).Sushrut Samhita Chikitsasthan Adhyay- 14/6 by Kaviraj Dr. Ambika Datta Shastri; Chaukhambha Sanskrit Sansthan, Varanasi,; Pg. No.- 86.
4. Charak Samhita Chikitsasthan Adhyay- 13/190-192 by Acharya- Sidhinandan Mishra, Hindi vyakhyakar- Vd. Harishchandra Singh Kushavaha;Chaukhambha Orientalia, Varanasi,; Pg. No.- 338.
5. Charak Samhita Chikitsasthan Adhyay- 13/62 by Acharya- Sidhinandan Mishra, Hindi vyakhyakar- Vd. Harishchandra Singh Kushavaha; Chaukhambha Orientalia, Varanasi,; Pg. No.- 321
6. Davidson's Principles & Practice of Medicine, 21st Edition; Edited by- Nicki R.Colledge, Brian R. Walker, Stuart H. Ralston,; Publication ChurchillLivingstone Elsevier, Pg. No.921.
7. API Textbook of MEDICINE, 10th Edition; Volume-1,;Edited by- Editor in chief-YP Munjal, Executive Editor- SK Sharma, Editors- AK Agrawal, P Gupta, SA Kamath, MY Nadkar, RK Singal, S Sundar, S Verma, Associate Editors- GSPangtey, A Prakash.,Emiritus Editor- SN Shah,; Publication- Jaypee Brothers Medical Publishers (P)

Ltd. Pg. No.107
8. Vd.G.P. Gune, (AushadhiGundharmashatra. part-2, kalpa no 10, reprint -2005, page no208
9. Harrison, Textbook of internal medicine, Mcgraw hillpublications, 18th edition, Pg. no 331.
10. Vagbhat Book Chikitsa 16/10-12
11. Bhaishajya Ratnawali plihayakrut rogachikitsa 41/136-145
12. Vagbhat Book Chikitsa 16/10-14
13. Ashtangrhudaya Sutrasthan Adhyay 5 82/83
14. Ashtangrhudaya Sutrasthan Adhyay 5 21/22
15. Charak Samhita Sutrasthan 27 / 221