



Research Article

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A CASE REPORT ON ROGA-ROGI PAREEKSHA IN JALODARA

Nikhil Chandra ^{1*}, Sreelakshmi B ², Joel Antony ³

¹Assistant Professor, Department of Roga Nidana, Rajiv Gandhi Ayurveda Medical College, Mahe, India

²Assistant Professor, Department of Samhita and Siddhanta, KMCT Ayurveda College, Kerala, India

³Associate Professor, Department of Roga Nidana, PNNM Ayurveda College, Shornur, Kerala, India

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*Corresponding author

E-mail: drnikhilchandra@gmail.com

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ABSTRACT

Pareeksha is the tool for examination in Ayurveda. The three-fold examination or trividha pareeksha includes darshana, sparshana and prashna. Udara, one among the eight serious illnesses is manifested because of low digestive fire. Here an effort is made to demonstrate the utilization of these tools of examination with a case of Jalodara (ascitis). The patient aged 60 years presented with edema in both lower limbs, severe distension of the abdomen, yellowish discoloration of conjunctiva and urine, hematemesis and weight loss. Based on trividha pareeksha, it was diagnosed as 'Jatodaka' stage of jalodara (ascitis). It was managed based on the treatment principles like agnideepana (increasing digestive fire), nitya virechana (daily purgation), shodhahara (anti inflammatory) Rasayana and external therapies. The patient showed considerable improvement in the presenting complaints. The proper knowledge of the stage or condition helped in better prognosis and planning of treatment in this case. This was possible only with 'pareeksha' or tools for examination.

Keywords: Pareeksha, jalodara, ascites, examination

INTRODUCTION

The process of examination by using different pramana (epistemology) to acquire clear and complete knowledge about the disease and diseased is called pareeksha. Pareekshas like Darshana (inspection), Sparshana (palpation) and Prashna (interrogation) help in diagnosis, prognosis and to decide treatment protocol¹.

Udara roga is one among the eight serious illnesses². It is said that all the diseases manifest because of low digestive fire. Udara roga is manifested as a result of aggravation of mala (digestive and metabolic waste products) because of defective digestive fire. Accumulated dosha obstruct the channels carrying sweat and water and vitiate prana vayu, agni and apana vayu in the pathogenesis³.

According to Acharya Charaka, excessive intake of ushna (hot), lavana (saline), kshara (alkaline), intake of improper diet, drinks and regimen after panchakarma therapy, improper administration of panchakarma therapy, emaciation as a consequence of diseases like Arshas (piles), Pleehadosha (splenic disorders) etc., suppression of manifested natural urges and continued presence of Ama in the body are some of the causes of Udara. Ultimately all Udara roga may progress into Jalodara (Collection of excess serous fluid in peritoneal cavity).

Jalodara is manifested in three stages i.e

- Ajatodaka avastha-stage when the water accumulation does not take place in abdomen
- Pichotpathi avastha-stage of accumulation of a sticky fluid
- Jatodaka avastha-stage when the dosha get matured, become liquefied and get collected.⁴

Ajatodaka avastha should be treated carefully and at the earliest; because in this stage, the disease is of recent onset with fewer complications. If left untreated, it progresses into Pichavastha.

When the vitiated doshas get matured, they become liquefied in nature. Because of the obstruction in the channels of circulation in the exterior of body, the sweat (one of the liquid elements) becomes incapable of going out as it happens in normal conditions. It moves inward as a result of which sticky material appears in the abdomen. This fluid is called as pichha and this is the early stage of accumulation of Udaka in the Udara. The pichha collected in the udara is like baktamanda i.e. rice gruel, probably refers to higher consistency and specific gravity when compared to water.⁵In this way enlargement of abdomen (mandala udara) takes place and the flanks get filled with fluid. If treatment is delayed in this stage the condition worsens because of manifestation of upadrava (complications). Gradually fluid tends to accumulate further and this stage is called as jatodaka avastha where the abdomen is excessively enlarged. The physician by percussion and palpation feels the abdomen like a leather sack filled with water.

Case History

A male patient aged 60 years was apparently normal 2 years ago. Gradually he developed yellowish discoloration in the eyes, skin and urine and also noticed mild swelling in the distal part of both legs. For all these complaints he went to a nearby hospital was diagnosed as Liver cirrhosis, Grade 2 oesophageal varices and moderate ascitis.

In the mean time he noticed weight loss of around 12 kg. He had also developed severe loss of appetite, generalized weakness and giddiness. The patient had history of alcoholism.

The case study was carried out as per ICH-GCP guidelines and has been registered in (<http://ctri.nic.in/Clinicaltrials/login.php>).

Symptoms on presentation:

Edema in both lower limbs, severe distension of the abdomen, yellowish discoloration of conjunctiva and urine. Associated complaints were hematemesis and weight loss.

Abdominal examination

On inspection skin striae and dilated veins were found. White colorless line over the abdomen in patients with gross distension of the abdomen and visible veins were suggestive of portal hypertension. Mild tenderness was noted on palpation and percussion revealed shifting dullness, fluid thrill and dull note on all quadrants which indicated the presence of free fluid in the abdomen. Liver bruit was heard on auscultation.

Abdominal Measurement

Umbilicus-Inspiration-70.4 cm; Expiration-65cm;
Above umbilicus- Inspiration-72.4cm; Expiration-67cm
Below umbilicus- Inspiration-71cm; Expiration-66cm

Observations In The Case

Ajatodaka lakshanas

The signs and symptoms that indicate Ajatodaka avasta are Arunavarna of udara (color of the abdomen), Sashabdham aakotitam (tympanic note on percussion), Gudugudayanam (borborygmus- A rumbling noise in the intestines), Sira jaalagavaakshitam (abdominal venous engorgement), pain in hrudaya(heart), nabhi (umbilicus), vankshana (groin), kati (hips), gudapradesha (anal region), Alpa mutra (Scanty urine) and Badha purisha (hard stool). (Table 1)

Pichotpatti lakshanas

The signs and symptoms that indicate pichotpatti are Mandalam udaram (round), Akotita shabdham (tympanic note on percussion), Apagatam raji (appearance of veins) etc.(Table 2)

Jatodaka lakshanas

This stage is characterized by accumulation of udaka in udara (fluid accumulation) causing severe abdominal swelling. The signs and symptoms of jatodaka avastha are Kukshi atimatra vridhi (severe abdominal distension), Sira anthardhanagamanam (disappearance of veins), udakapoorna druti samshobha samsarsa (percussion dullness)⁶. (Table 3)

Principles of Management

The patient was managed advocating the treatment principles of
a) Agnideepana (increasing digestive fire) using Arogyavardhini rasa
b) Nitya Virechana (daily purgation) using eranda taila (castor oil) and gomutra(cow's urine)
c) Shothahara(anti inflammatory) using medicines like punarnavasava
d) Rasayana and external therapies like dhara over abdomen using takra, gomutra etc for a period of one month.
The patient had shown considerable relief in presenting complaints.

Observations on Discharge

The patient was satisfactorily managed on the lines of Jalodara vyadhi. There had been improvement in appetite, mild reduction of abdominal girth, reduction of swelling in both the legs and significant improvement in all other clinical parameters.

Table 1: Ajatodaka Lakshanas

Ajatodakalakshanas	Darsana	Sparshana	Prashna
Aruna varnata of udara			+
Sashabdham aakotitam			
Naati bhrika udaram			
Soola at hrut, naabhi		+	
Gudgudayanam		+	
Sirajaalagavaakshitam	+		
Naabhi sthamba			
Soola at vankshana, kati, guda		+	
Naati manda agni			+
Karkasha pureesha			+
Virasa mukha	+		
Alpa mootrata			
Antra vistambha	+		

Table 2: Pichotpatti Lakshanas

Pichotpatti lakshana	Darsana	Sparshana	Prashana
Mandalam udara	+		
Guru sthimita udara		+	
Aakotitam shabdham		+	
Mrudu sparsham		+	
Apagata raajeem aakrantam	+		

Table 3: Jatodaka Lakshanas

Jatodaka lakshanas	Darsana	Sparsana	Prasana
KukshiAtimatra Vridhi	+	+	+
Siraanthardhana gamanam	+		
Udakapoorna druti samsobha sparshatvam		+	

DISCUSSION

“Pareekshyakarino hi kushala bhavanti”-Acharya Charaka well defined the importance of pareeksha stating that those alone are wise who act after investigation⁷. The critical, scientific and innovative approach of Ayurveda is evident from its concept of Pareeksha. According to Chakrapani, Pareeksha is the tool to examine and establish a thing as it is.

In this case, patient on presentation was showing the lakshanas like Kukshi atimatra vridhi (severe abdominal distension), Siraanhardhana gamanam (disappearance of veins), Udakapoorna druti samshobha samsarsa (percussion dullness). Hence the case can be diagnosed as the Jatodaka avastha of Jalodara roga based on pareeksha.

Ascites is the collection of excess serous fluid in the peritoneal cavity; most often a consequence of cirrhosis. The pathogenesis involves hepatic sinusoidal hypertension, percolation of hepatic fluid into the peritoneal cavity, splanchnic vasodilation causing systemic hypotension that triggers vasoconstrictor responses, with renal retention of sodium and water and subsequent intestinal capillary transudation.⁸This can be considered as a case of shotha (inflammation).

CONCLUSION

Udara roga is manifested as a result of aggravation of digestive and metabolic waste products because of defective digestive fire. A jatodakavastha, Picchavastha and Jatodakavastha are the progressive stages of Jalodara. These stages can be well appraised using three fold examination tools ie, darshana, sparshana and prashna. A proper knowledge of the stage is helpful in better prognosis and planning of treatment. The disease is managed advocating the treatment principles of

agnideepana (increasing digestive fire), nitya virechana (daily purgation), shothahara (anti inflammatory) Rasayana and external therapies.

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