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Case Study

CLINICAL EVALUATION OF AYURVEDIC MANAGEMENT IN A CASE OF ASCITES WITH SPLENOMEGALY AND LIVER PARENCHYMAL DISEASE

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ABSTRACT

Ascites is a common complication of chronic liver disease and portal hypertension, frequently associated with hepatic parenchymal damage, splenomegaly, and metabolic disturbances. In Ayurveda, the clinical presentation of ascites can be correlated with *Jalodara*, *Yakritodara*, and *Plihodara* described under *Udara Roga.* This case report describes the clinical outcome of a 65-year-old male patient presenting with abdominal distension, pedal edema, anorexia, generalized weakness, icterus, and ultrasonographic evidence of chronic liver parenchymal disease with splenomegaly, bulky pancreas, and minimal ascites. The patient had a significant history of chronic alcohol consumption and smoking. Ayurvedic management included *Pippali Vardhamana Rasayana*, *Langhana*, and *Takra Pathya* for seven days. Clinical assessment, biochemical investigations, and ultrasonographic findings were evaluated before and after treatment. Marked improvement was observed in abdominal distension, appetite, pedal edema, and general wellbeing. Serum bilirubin reduced from 3.2mg/dL to 1.0mg/dL, while SGPT levels improved from 49U/L to 29U/L. Follow-up ultrasonography demonstrated reduction in ascitic fluid and improvement in hepatic pathology. The therapeutic effect may be attributed to the *Deepana, Pachana, Rasayana,* and hepatoprotective properties of *Pippali* (Piper longum Linn.). This case suggests that Ayurvedic interventions may provide supportive benefit in the management of ascites associated with chronic liver disease and splenomegaly.

INTRODUCTION

Ascites is defined as pathological accumulation of fluid within the peritoneal cavity and is considered the most frequent complication of decompensated chronic liver disease.[8,9] Portal hypertension, hypoalbuminemia, sodium retention, and systemic inflammation play significant roles in the pathogenesis of fluid accumulation.[8] Chronic liver dysfunction may also produce splenomegaly due to portal venous congestion and may coexist with pancreatic abnormalities secondary to chronic alcoholism and hepatobiliary disorders.[9,10]

Patients commonly present with abdominal distension, anorexia, weakness, pedal edema, jaundice, and impaired quality of life. In Ayurveda, such clinical manifestations are described under *Udara Roga*, particularly *Jalodara*, *Yakritodara*, and *Plihodara*.[1-4]

The pathogenesis involves impairment of *Jatharagni*, vitiation of *Tridosha* predominantly *Vata* and *Pitta*, accumulation of *Ama*, and obstruction of *Srotas*.[1,2] Classical texts further indicate that continuous *Madyasevana* leads to *Pitta–Rakta dushti* and *Agnimandya*, contributing to derangement of *Raktavaha* and *Udakavaha Srotas*, which is consistent with the etiopathogenesis observed in the present case.[5]

Classical Ayurvedic texts advocate *Langhana*, *Deepana-Pachana*, *Rasayana*, and dietary regulation in the management of such disorders.[3,4] *Pippali* (*Piper longum*) possesses *Deepana*, *Pachana*, *Rasayana*, and bioavailability-enhancing properties and has been reported to demonstrate hepatoprotective and anti-inflammatory actions.[6-8] The present case report evaluates the clinical effectiveness of *Pippali Vardhamana Rasayana* in a patient with ascites associated with chronic liver parenchymal disease and splenomegaly.

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Case Presentation

A 65-year-old male patient presented with complaints of abdominal distension, bilateral pedal edema, anorexia, generalized weakness, fever, cough and occasional giddiness for 15 days. The patient had a previous history of jaundice six months earlier. Personal history revealed chronic alcohol consumption and smoking for several years.

On general examination, the patient was moderately built and poorly nourished. Pallor and icterus were present. Bilateral pedal edema was observed. Per abdominal examination revealed abdominal distension with positive fluid thrill suggestive of ascites.

Table 1: Clinical Findings and Systemic Examination

Parameter	Findings
General condition	Moderately built and poorly nourished
Pulse	84/min
Blood pressure	130/80 mmHg
Respiratory rate	20/min
Pallor	Present
Icterus	Present
Pedal edema	Present
Per abdomen	Distended abdomen with positive fluid thrill
Cardiovascular system	S1 and S2 heard normally
Respiratory system	Bilateral air entry present
Central nervous system	Conscious and oriented

Investigations Before Treatment

Ultrasonography revealed chronic liver parenchymal disease with splenomegaly, bulky pancreas and minimal ascites. Liver function tests showed elevated serum bilirubin and hepatic enzyme abnormalities suggestive of hepatic dysfunction.

Treatment Plan

Considering the clinical condition and Ayurvedic correlation, the patient was treated with *Pippali Vardhamana Rasayana* in an increasing and tapering dosage schedule along with *Langhana* and *Takra Pathya*. *Pippali* possesses *Deepana, Pachana, Rasayana* and *Yogavahi* properties. Modern pharmacological studies suggest hepatoprotective, anti-inflammatory and bioavailability-enhancing actions due to piperine content.

Figure 1: *Pippali Vardhamana Rasayana*

Table 2: Administration of *Pippali Vardhamana Rasayana*

Day	Number of *Pippali*	Diet
1	3	*Langhana*
2	6	*Langhana*
3	9	*Langhana*
4	12	Rice with buttermilk
5	9	Rice with buttermilk
6	6	Rice with buttermilk
7	3	Rice with buttermilk

Results and Follow-Up

After completion of therapy, the patient showed marked improvement in abdominal distension, pedal edema, appetite and general weakness. Reduction in serum bilirubin levels and improvement in ultrasonographic findings indicated improvement in hepatic pathology and fluid retention.

Table 3: Results of Before and After Treatment

Investigation	Before Treatment	After Treatment
Serum Bilirubin	3.2 mg/dl	1.0 mg/dl
SGPT	49 U/L	29 U/L
USG Findings	CLD, splenomegaly, minimal ascites, bulky pancreas	Reduction in ascites, improved hepatic echotexture, persistent CLD changes with symptomatic improvement

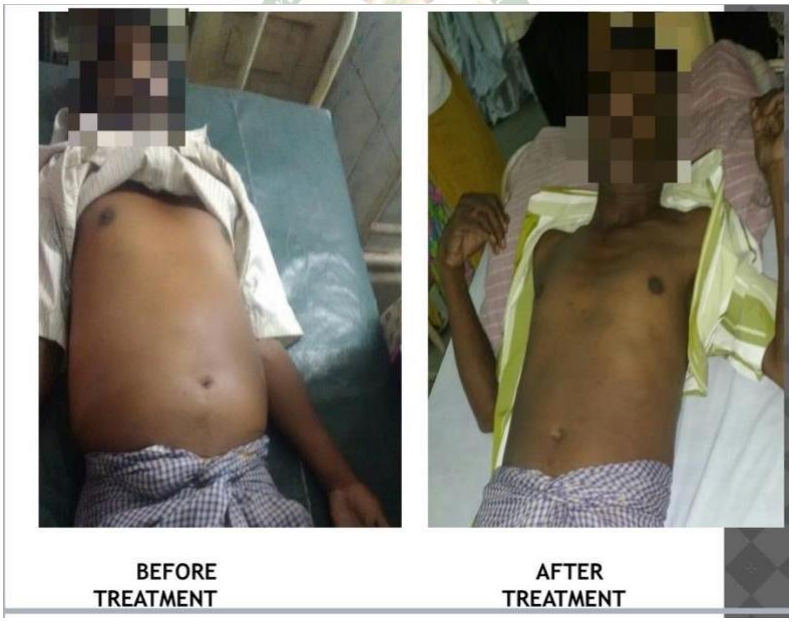

Figure 2: Results of Before and After Treatment

DISCUSSION

The present case demonstrated significant symptomatic and biochemical improvement following administration of *Pippali Vardhamana Rasayana* along with dietary regulation and *Langhana*.

Udara Roga develops due to derangement of *Agni*, obstruction of body channels, and accumulation of pathological fluid.[1-4] *Pippali* acts as a potent *Deepana* and *Pachana* drug, improving digestive and metabolic functions while reducing *Ama*.[5,6] Experimental studies have demonstrated hepatoprotective, antioxidant, anti-inflammatory, and bioavailability-enhancing actions of piperine, the active constituent of *Pippali*.[7,8] Improvement in serum bilirubin and liver enzyme levels in this patient may be attributed to enhanced hepatic metabolism and reduction of hepatic inflammation[12]. Dietary regulation using *Takra Pathya* and restricted intake during the initial phase may have contributed to reduction in fluid retention and correction of digestive impairment[13]

The clinical improvement observed in abdominal distension, pedal edema, appetite, and ultrasonographic findings suggests that *Nidana parivarjana* i.e., avoiding *Madhya sevana, Guru, Teekshna, Ushna ahara sevana* and *Samprathi vighatana* the core principles of Ayurvedic management may offer supportive benefit in chronic liver disease with ascites.

CONCLUSION

Ayurvedic management using *Pippali Vardhamana Rasayana, Langhana,* and *Takra Pathya* demonstrated beneficial effects in a patient with ascites associated with chronic liver parenchymal disease and splenomegaly. Significant improvement was observed in clinical symptoms, biochemical parameters, and ultrasonographic findings. The case highlights the potential role of classical Ayurvedic therapies as supportive management in chronic hepatic disorders.

As this is a single case report, the findings cannot be generalized. Further controlled clinical studies with larger sample sizes are required to establish efficacy.

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