



A Clinical Case study of *Ayurvedic* Management of *Udar Vyadhi* with with Special Reference to *Ascites*

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ABSTRACT

Udara roga means any etiology related generalized abdominal distension or hypertrophy. Ascites is the most prevalent sign of liver malfunction, and despite the use of sophisticated medical equipment, there is still no proven method of curing ascites in patients as mentioned in *Acharya* if it is not treated the patient will die soon. Modern therapies only offer temporary relief with time-dependent recurrence, yet fluid continues to build up in the abdominal cavity. *Jalodara* is one of the eight types of *Udar roga* described in Ayurveda. It is mentioned in all three brihatrayee texts (Charaka Samhita, Susruta Samhita, and Ashtanga Hridaya). In Ayurveda, *Udara roga* covers conditions such as gaseous distension, hepatosplenomegaly of various etiologies, intestinal blockage, and intestinal perforation in addition to ascites and fluid buildup in the peritoneal (common presentation is abdominal distension throughout). Its pathophysiology is thought to be primarily caused by mandagni. *Udakavaha srotas* and *Ambu vaha srotas* are mentioned in relation to *Jalodara* pathology in all three sources. *Talu* and *kloma* make up the *moola* (base) of *Udakavaha srotas*. In Ayurveda, *kloma* is a contentious subject. Some writers liken it to the pancreas. *Jalodara* is said to be caused by the *dusti* (fault) of *udakavaha srotas* or (*kloma*). Ayurvedic medicine offers relief in such circumstances without causing any negative side effects. Ayurvedic care of *Udar* (ascites) with medications such as provocation of digestion daily therapeutic purging, stimulants for hepatic function, and only milk diet that operates on the basis of the pathophysiology of ascites and by splitting down of pathogenesis produces good results in management. Cirrhosis of the liver is the most frequent cause of ascites in the developed world. Other causes include pancreatitis, TB, cancer, heart failure, and hepatic vein blockage. The highlighted mechanism in cirrhosis involved elevated portal blood

pressure and blood vessel dysfunction. The true cause and severity of ascites have a significant impact on a person's prognosis. This article discusses several Acharya treatments from an Ayurvedic perspective.

KEY WORDS: *Udar roga, Udara, Jalodhar, Ascites.*

INTRODUCTION

One of the main illnesses brought on by Agni dushti is udara.^[1] When a person with mandagni, or limited digestive capacity, engages in malina ahara, or viruddha ahara, pap karma which causes the vitiation of dosha, there will be a buildup of dosha because of the impaired digestion.^[2] As a result, the upper and descending channels of circulation get blocked and Prana, Agni, and Apana become vitiated. Therefore, the doshas become trapped between the skin and muscle, resulting in a significant expansion of the belly and Udara.^[3,4] Talu and kloma make up the moola (base) of Udakavaha srotas. In Ayurveda, kloma is a contentious subject. This is the samanya samprapti of Udara as described in the classical literature, which may vary in various ways from person to person. It is crucial to interpret the samprapti in each patient by analyzing the hetus, vitiation of the dosha by vikalpa samprapti^[5] (which guna of the dosha is primarily responsible for its vitiation), and its sammurchana with the dushyas further leading to the manifestation of disease, that is, the journey of a hetu up to disease manifestation should be well understood).^[6] Once the samprapti is seen, it is simple to treat as necessary. This essay examines a method for doing Udara chikitsa in which the samprapti was visualized and the chikitsa was performed in accordance with that visualization employing a variety of siddhanta and shodhana and shamana aushadhis. Charak Samhita and Pran-Apan-Agni dushti are the main pathology of Udar which is described.^[7] According to Ayurveda, the udar roga is one of the eight major ailments (ashta maha gada). The most important part to perform in its development is Mandagni. There are eight different sorts of abdominal diseases known as udar roga that are listed in texts: Vatodara, pittodara, kaphodara, sannipatodara, pleehodara, baddhodara, kshatodara, and udakodara or jalodara.^[8] In general, jalodara is understood to be a condition in which the udara (abdomen) becomes filled with jaliya ansh or jal (body fluid). It is known to be an illness that is challenging to treat. Ascites, or free fluid inside the peritoneal cavity of the belly, is what it is called in modern times. It is the most typical liver characteristic.

Case

A male patient of age 40 years was having complaints of abdominal distension, heaviness of the abdomen, breathlessness, nausea, facial and periorbital edema, dyspnea on exertion, loss of appetite, and oliguria for the past 8 days. Earlier patient was taking treatment for liver cirrhosis with acute onset of ascites, he got hospitalized and also did tapping for 2 times within a month. As was suffering from severe breathlessness complained at that span of time 1 and 1/2 L of fluid drained through tapping, he relived from symptoms but after some time, he relapsed with all symptoms. After 5 months of all treatment patterns adopted, he came to our institute for further treatment.

1. Main Complaints

- *Udara vridhi* (increased abdominal girth), from 6 months
- *Kshudhamandhya* (decreased appetite), from 7–8 months
- *Dourbalya* (general weakness), from 7–8 months
- *Ubhayapadashotha* from 7–8 months and
- *Krishnavarna* (bilateral pedal edema and discoloration) from 6 months.

2. Case Report

2.1 Medical History

No history of Hypertension , Diabetes Mellitus, Malaria,Typhoid, Tuberculosis etc.

2.2 Surgical History

No any major surgical illness

2.3 Family History

No evidence of this type of disease in the family.

2.4 Addiction

Alcohol consumption since 10 year

2.5 Physical Examination

BP – 110/70 mmHg

P – 84/min

SPO2 – 97 % O2

Respiratory rate – 20/min

O/E- Pallor – +++ ,

Icterus – ++ ,

Bilateral pedal edema – ++++

Facial and periorbital edema ++

Mild pallor and icterus +.

2.6 Systemic Examination

- ❖ Respiratory system - Air entry was reduced on both sides with crepitations bilaterally.
- ❖ Cardiovascular system – S1 S2 normal
- ❖ Central nervous system - Patient was conscious and well oriented.
- ❖ Per abdomen

- Inspection- Distended abdomen with the everted umbilicus.
- Palpation – Hepatomegaly of three fingers was present.
- Percussion – Shifting dullness and fluid thrill were present.

2.7 Investigations

USG [Abdomen and Pelvis]- Coarse echotexture of the liver with surface nodularity, cirrhotic changes. Few small periportal and perisplenic collaterals and perisplenic collaterals. Prominent portal vein (12 mm). Gross Ascites Bilateral grade 1 renal parenchymal changes. Mild splenomegaly.

3. Material And Methods

3.1. Treatment

1. Diet – Patient was advised to take only *Shunthi*, *trikatu siddha godugdha* on *kshudhaprachiti* for an initial 1 month where diet and salt were prohibited.

2. *Triphala churna* (before drinking milk earlier or before food later on) for up to 2 weeks.

3. *Udara pattabandhan* with *Eranda patra* was done throughout the therapy.

4. All vital parameters such as BP, RR, SpO₂, temperature, BSL (R), weight, input and urine output, stool color, and abdominal girth were monitored regularly.

5. Symptomatic relief: Symptoms which were observed before and during the treatment such as abdominal distension, heaviness, nausea, facial and periorbital edema, anorexia, oliguria, icterus, pallor, weakness, muscle cramps, giddiness, dyspnea on exertion were not observed at the end of therapy.

6. Systemic examination: Air entry was almost equal bilaterally and crepitations were reduced. Grade of murmurs was reduced to Grade 3. Abdominal distension was not noted and shifting dullness and fluid thrill were absent after treatment.

- First follow-up was taken after 10 days of discharge from the hospital. Same treatment was continued for 15 days

- Second follow-up was taken after 15 days

- Third and last follow-up was taken after 2 month. \

3.2. *Pathya-Apathya*

Diet was restricted to the patient.

He was kept on only cow milk (*Trikatu siddha Godugdha*).

No food items and water were given to the patient for 2 months.

4. Results

Significant results were found in all symptoms such as Abdominal girth, Icterus, pallor, Bipedal edema, and general weakness

DISCUSSION

In the *Charaka Samhita*, *Acharya Charaka* lists numerous causes of *Udara roga*. The patient in the present situation was overindulging in spicy and salty foods and had a low digestive fire (*Mandagni*). We note that when characterizing the pathophysiology of *Jalodara* from an Ayurvedic perspective, *Udakavahi srotas* and *kloma* are frequently cited. The defect is brought on by *Kapha* blockage, which is causing dysfunction in the *Kloma* and surrounding structures. *Kloma* is a controversial but significant subject in Ayurveda, and *Charaka* and *Susruta* have referred to it as the *mool* (basis) of *udakavahi srotas*. As a result, hepatic lymph begins to drain into the peritoneal cavity. Ascites develops when additional factors such as hypoalbuminemia and hyperaldosteronism augment and intensify them. Alterations to the *Agni* state, which are influenced by vitiated *Tridosha*, are the basic pathophysiology of *Udara Roga*, and thus, to treat any illness, it is imperative to adhere to the “*Agni Samrakshana*” principle.

To return *Agni* to normalcy from an altered state, attention should be paid to *Agni* in relation to their healthy state, disease state, and diagnostic status. The lifestyle has a balanced and healthy quantum. Clinicians must concentrate clinically on the *Agni* states of their patients.

The patient previously had a history of *Udara*, which was treated at the time with allopathic medicine and eventually went away, but some *doshas* were still there, or *kinchit avashishta dosharupa moola*. Due to early menopause, IUD, MTP, and *Jwara itihasa satatya* (history of recurrent febrile sickness), the patient had *dhatu kshay*. Because the *Vyadhi Ghatka Bhava* (which prevents the occurrence of disease) such as *vyayama* and *vidhiyukta ahara vihara* was absent, further *hetusevana* caused the *kinchit avashishta dosharup moola*, which in turn caused *Udara* to reoccur. In addition, all of these circumstances cause the *khavaigunya* of *Udaka*, *Prana*, *Rasa*, and *Pranavaha srotas* to grow, which causes vitiated *doshas* to lodge there and manifest as *Udara*. Since *Nidana parivarjana* is the fundamental *siddhanta* for *samrapti vighatan*. *Hetus* are *santarpanjanya* which leads to gross in *lakshana*.^[9]

The patient was forbidden to consume any *Ahar* or *Jalapana*.^[10] Because the *doshas* are *sanghatita* in *koshta*, causing *agnimandya*.^[11,12] Only *Shunthi* and *trikatu siddha godugdha* with *deepana*, *laghu*, *mrudu virechana*, will give *bala* to *rogi's jhatragni*.^[13] Qualities were provided on *kshudhaprachiti* for the first two weeks.^[14] *Triphala Kwatha*, which has the properties to remove extra water, was supplied.^[15] It also has *deepana*, *laghu*, *ruksha*, and *mrudu anulomana*. *Nitya virechana* should be administered because *Srotas avarodha* and *dosha atimatra upchaya*, or an excessive buildup of *dosha* in *Udara*, exist.^[16,17,18] However, because the patient had *durbala*, *mrudu virechana* was given daily^[19,20] and in smaller amounts (*alpasha*), along with *kutaki churna*^[21] (*ruksha* and *deepana*), for a period of 1 month. Throughout the course of the therapy, *Udara Pattara Bandhana* with *Eranda Patra* was performed every day to stop the *Vata* from further expanding the abdomen.^[22,23] However, the patient was experiencing *dourbalya*, *bhramaprachiti*, *ubhaya pad pindikodveshtanam*, and *grathit mala pravrutti*, which show a change in *vyadhi avastha*, which is how *chikitsa* should be changed, that is, when enough *Rukshana* and *drava shoshana* are attained.^[25] As a result, after a serum electrolyte assessment, *mrudu Sneha virechana* was initiated as *bruhana chikitsa*, followed by *laghu ahara*, *lavana varjit mansarasa*, *Shastika shali pinda sweda* over both extremities and *mrudu Sneha virechana*.

With the aid of the aforementioned treatment, the *sara kitta vibhajana* – a function of *prakrut agni* – was restored, leading to an increase in urine output and the normalization of bowel habits. With the aid of the aforementioned treatment, the obstruction in the circulating channels was also removed, which allowed the bodily function of *uttarotar dhatuposhana* to resume. Therefore, an increase in RBC and Hb was noted. All crucial variables were regularly checked. The patient received Ayurvedic treatment using an integrative strategy. Treatment for *Udara* involves the external application of *pattbandhan* (abdomen belt), *Nitya Virechana* (purgative), *Agniidepan* (raise appetite), *Balaprapti* (increase strength), and *Yakrituttejjak* (stimulant for hepatic function). Significant improvements were seen in the form of reduced pedal edema, reduced belly girth, increased hunger, and increased strength.

Chikitsa siddhanta is “*nityameve virechayet*” for *udar vyadhi*.

Due to persistent constipation in ascites, it has a laxative effect that aids in removing toxins from the body.^[26,27] It has hepatoprotective and stimulating effects on the liver. As a result, because it has a laxative and diuretic activity that aids in eliminating extra fluid from the body, it is helpful in cases of generalized edema and ascites. Hepatoprotective activity known as *yakrituttejjak* is performed by *Arogyavardhini Vati*.^[28]

Punarnavasava helps the kidneys function better. Using *mridu swedan*, *patrapatta bandhan* avoids *vata prakop* and supports diuretic activity.^[29] The patient gains strength from cow milk without the body's

fluid level rising. According to Ayurveda, *Udar* is *asadhya vyadhi* (incurable), yet we can provide the patient symptomatic relief, a decrease in fluid, and an improvement in quality of life.

Nitya Virechana – The *Chikitsa Sutra* of *Jalodara* is called “*Nitya Virechana*.” *Virechana* is required to disperse the *Sanga* of all *Dosha* and retained fluid and separate them. The *Mula Sthana* (central location) of *Rakta* is the liver (*Yakrita*). Because of the reciprocal reliance between *Rakta* and *Pitta* (*Ashraya* and *Ashrayi Sambandha*), purgation is the greatest cure for a vitiated *Pitta Dosha*. By reducing fluid in the abdominal cavity, *Virechana* also reduces belly girth and edema.^[30] More results were achieved in all the symptoms after starting daily therapeutic purgation. *Arogyavardhini Vati* is esteemed for its advantages, particularly for the liver. *Arogyavardhini* supports equilibrium, a healthy digestive system, and preserves the function of the liver. Ascites can result from any pathology of the liver, heart, kidney, etc.; however, ascites from liver illness is challenging to cure, necessitating the necessity to address the pathology from its underlying source. These medications were given because the patient in the current instance also has hepatomegaly. It makes the liver work better.

CONCLUSION

All of the *Jalodara* symptoms have improved as a result of daily therapeutic purging, diet restrictions, and Ayurvedic medications. In this case, the abdominal girth, pedal edema, and all of the aforesaid symptoms were greatly improved with no adverse effects. Despite the fact that the patient was only on a milk diet, no negative effects were observed during or after treatment. In this example, *Arogyavardhini Vati* was administered for 45 days constantly, but no negative effects were observed; hence, it can also be stated that metallic preparations are not damaging to the body if given in appropriate doses but rather provide additional benefits. As a consequence, it may be concluded that Ayurvedic medications including *Nitya Virechana* provide better results in ascites with no side effects. *Udara* is mostly influenced by *Agnidushti*, *Doshasanchaya*, and *Srotorodha*. The visualization of *samprapti* in each patient using *Hetu vinishchay*, *anshansh kalpana* of *dosha prakopa*, and *dosha* leading to further vitiation of *dushya* should be properly understood. If done correctly, *Samprapti vighatana* based on *Nidana parivarjana*, *Agnideepana*, *Srotas shodhana*, and *Nitya virechana* can treat *Udara* if done in line with the *Vyadhi avastha*, *Rugna bala*, *Aushadhi matra*, and *Kala*.

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