

A CASE STUDY ON APPROACH TO UDARA CHIKITSA

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ABSTRACT

Udara is mentioned in Ashta mahagada i.e. 8 major illnesses in Ayurveda classics. Agni dushti (vitiation of Agni) by malina ahara (faulty food materials & eating habits), doshasanchay (accumulation of doshas) due to apaka (improper conversion of food) and resultant Udara. So it is considered as kruchrasadhya (difficult to treat). But once the samprapti is visualised considering these 3 factors in mind then it can be treated accordingly. So this paper focusses on approach to Udara chikitsa which is based on visualisation of its samprapti and application of various siddhantas using shamana and shodhana aushadhis.

KEYWORDS: Udara, Agnidushti, Srotorodha, Ayurvediya chikitsa.

INTRODUCTION

Udara is one of the main disease caused by Agni dushti. Whenever person having mandagni (diminished power of digestion) indulges in malina ahara (which means viruddha ahara which leads to vitiation of dosha), there will be accumulation of dosha. due to hampered digestion. This causes vitiation of Prana, Agni & Apana and obstructs. the upward and downward channels of circulation. So the doshas get lodged between the skin and muscle tissue which leads to extensive distension of abdomen leading to Udara This is the samanya samprapti of Udara explained in classics which may differ by some means from person to person. So it is important to visualise the samprapti in each patient by analysing the hetus, vitiation of dosha by vikarpa samprapti (which guna of the dosha is responsible predominantly for its vitiation) and its sammurchana with the dushyas further leading to manifestation of disease ie the journey of a hetu upto disease manifestation should be well

understood. Once the samprapti is visualised it is easy to treat accordingly, This paper is a case study on approach to Udara chikitsa where the samprapti was visualised and chikitsa was done accordingly by application of various siddhantas using shodhana and shamana aushadhis.

CASE STUDY

Present Complaints

A male patient of age 32 yrs was having complaints of Mild abdominal distension, yellowish discolouration of sclera and skin, nausea, bilateral pedal oedema, dyspnoea on exertion, loss of appetite, abdominal heaviness, dry cough, fever (on and off) and oliguria since last 15 days.

History of Present Illness

Patient was alright before 8 days. After that she had onset of abdominal distension, heaviness of abdomen, nausea, facial and periorbital oedema, dyspnoea on exertion, loss of appetite and oliguria. So for above complaints she got admitted in Kayachikitsa In patient female ward.

History of Past Illness

K/C/O-NAD

M/H/O-left sided hemiplegia 5-6 years back S/H/O-NAD

Allergy- Not known Diet-Mixed

Occupational history-Driver Habit-Alcohol since 8 years Family History- No any.

Physical Examination

1. Bipedal oedema++
2. Icterus ++
3. Blood pressure-110/70 mmHg
4. Pulse rate-88/minute
5. Body temperature-98.6°F
6. Respiratory rate-22/minute
7. spO₂-97%
8. Weight-54.6 kg
9. Abdominal girth (taken on inspiration) -82 cm above umbilicus 80 cm At umbilicus 81 cm below umbilicus

Systemic Examination

1. Respiratory system Air entry was reduced bilateral side with crepitations bilaterally.
2. Cardiovascular system-s1 and s2 clearly heard and absence of any abnormal heart sound.
3. Central nervous system -Patient was conscious & well oriented.
4. Per abdomen

Inspection-Distended abdomen with everted umbilicus. Palpation Hepatomegaly of 3 fingers was present.

Percussion-Shifting dullness & fluid thrill were present.

Investigations

CBC, LFT, KFT, BSL (R), USG (Abdomen & Pelvis), chest x-ray (PA view) was carried out. Images of the necessary reports are attached below.

Treatment Given

1. Diet Patient was adviced to take only Shunthi siddha godugdha on kshudhaprachiti for initial 12 days where diet and salt was prohibited. Laghu ahara like laja, krushara, etc are adviced.
2. Aarogyavardhini-1 gm, Kalabol-250 mg, Sharpunkha-1 gm thrice a day with rohitakarishtha 20 ml with 40 ml of water for upto 13 days after that add mauktik kamdudha 1 tab in this combination.
3. pimpali-1 gm with honey twice a day (afternoon & night) after meal..
4. Erand sneha 10 ml with luke worm water every morning for 18 days after that add trivrutta leh 2 teaspoon alternate day at morning for 35 days.
5. Tab, livcom 1 tablet thrice a day.

MATERIAL AND METHOD

MATERIAL

Chart No 1-Abhyantar Chikitsa for Udara

Sr.No.	Dravya	Dose	Duration	Anupan
1.	Aarogyavardhini Vati	1 gm TDS	35 days	Lukewarm water
2.	Kalabol	250 mg TDS	35 days	
3.	Sharpunkha	1 gm TDS	35 days	
4.	Mauktik Kamdudha	1 Tab. TDS	22 days	
5.	Rohitakarishtha	20 ml TDS	35 days	40 ml water
6.	Pimpali	1 gm BD	35 days	Honey
7.	Tab.Livcom	1 Tab TDS	35 days	

8.	Shunthi Siddha Dugdha	Lit/Day(Muhu r-muhur panarth)	35 days	
9.	Shunthi-1, Sharpunkha-4 (kwath)	Muhur-muhur panarth	35 days	

Chart No 2-Panchakarma Chikitsa for Udara.

Sr. No.	Karma	Kala	Matra	Duration
1.	Til Tail+Saindhav	BD	10 ml	35 days
2.	Erand Patra Swaras	Night	10 ml	35 days
3.	Erand Sneha	Morning (Alternate days)	10 ml	35 days
4.	Trivruttavaleh	2 Teaspoon		
5.	Swaras Nasya with Devdali fal	Morning	5 drops	3 days
6.	Vatapatra bandhan	Afternoon		35 days

METHOD**Study Centre: Our Ayurvedic Hospital Type Of Study****Single case study design Nidanpanchak****HETU****1. Ahara**

Ushapana (200 ml daily), bhojanottar jalpana 200-250ml daily, nishapana 200 ml daily, mansahar sayankale daily, odana made from nava tandula daily, sheet anna sevana, ajeerna bhojana.

2. Vihar-Divaswap daily 1-2 hrs, avyayam, Madyapan since 8 years

3. Manas-Atichinta, atikrodha.

PURVAROOP

Ayasena shwaskashtata, kshudhamandya, aruchi.

RUPA

Udara vruddhi, udaru gaurava, hrullasa, Ubhay Pad shotha, ayasena Shwasankashtata, kshudhamandya, Shushka kas and alpamutrata.

UPASHAY

Dugdhahar, Nitya virechana. Udare vatpatrabandhana.

SAMPRAPTI

Doshapradhanya-Kapha and Vata

Guna pradhanya-Drava, Guru, Snigdha

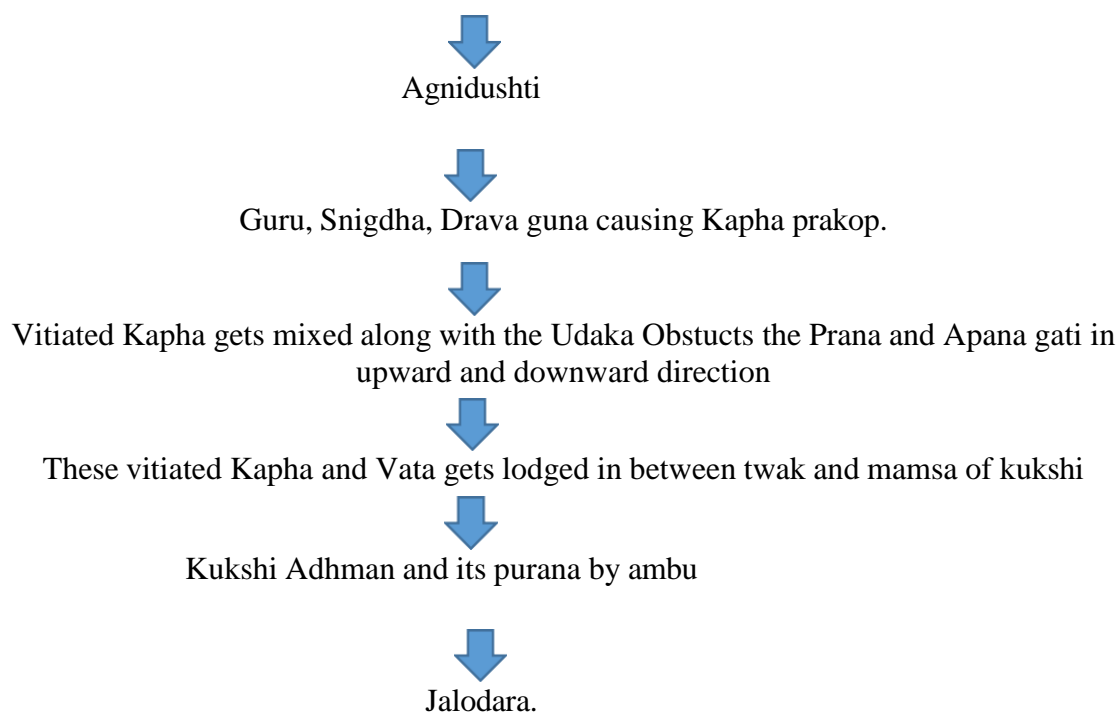
Dushya- Rasa, Rakta

Srotasa Udaka, Rasa, Pranavaha, Apanavaha Avayav

vishesh-Udara

Srotasa dushti vishesh-Sanga

Hetusevana (Ahara+Vihara+Manasa+ Madyapaan +Udaka, Rasa, Apana khavaigunya)



OBSERATION AND RESULT

1) Objective Parameter

Abdominal girth

Sr. no.	Date	Abdominal girth 4 cm above the umbilicus	Abdominal girth at the level of umbilicus	Abdominal girth 4 cm below the umbilicus
1.	20/09/2024	82cm	83cm	81cm
2.	27/09/2024	81cm	82cm	80cm
3.	03/10/2024	80cm	82cm	79cm
4.	12/10/2024	79cm	80cm	78cm
5.	24/10/2024	76cm	77cm	77cm

Weight(Kg)

Sr. no.	Date	Weight(Kg)
1.	20/09/2024	54.6 kg
2.	27/09/2024	53kg
3.	03/10/2024	52.6kg
4.	12/10/2024	49.2kg
5.	24/10/2024	49kg

Lab investigation

Sr. no.	Investigation	Before Treatment	After Treatment
1.	Haemoglobin	8.9 gms/dl	9 gms/dl
2.	Red blood Cell Count	2.65 million/cu.mm	2.78million/cu.mm
3.	WBC	25,150 gms/dl	6930 gms/dl
4.	Total Bilirubin	24.6 mg/dl	11.8mg/dl
5.	Direct bilirubin	17.89 mg/dl	7.5 mg/dl
6.	SGOT	223.8 U/L	84.1U/L
7.	SGPT	31.2U/L	28.5U/L
8.	Alkaline phosphatase	54 U/L	70 U/L
9.	Serum Albumin	2.5 gms/dl	2.2 gms/dl
10.	Serum Globulin	4.02 gms/dl	4.2gms/dl

Symptomatic Relief

Symptoms observed before the treatment like abdominal distention, pedal oedema, anorexia oliguria and signs like Icterus, pallor were Significantly reduced.

Aarogyavardhini vati: Deepana, paachan, Grahanishodhak Sharpunkha kwath: Deepana, pachana, yakruttejak Rohitarishta: Pleeahara, udarhara, kamalahar.

Trivrutta leha: Sukhvirechaka kalpa without bad taste Kalabol: Pleeahar, Yakrutvridhahara, balya, tridoshaghna.

Virechana: In thr treatment of Udara the Term 'Nitya Virechana' is mentiond. As we know virechana is the best treatment of Pittprakopa and there is as ashrayashrayi bhav of rakta and pitta. Daily virechana results in decreased abdominal girth, weight and in total bilirubin level of patient.

Role Of Pathya Aahara In Jalodara: Diet play important role in jalodara along with the medicines. Complete restriction of water in patient having jalodara is necessary. Godugdha especially shunthi siddha godugdha is like complete meal for udari patient.

Effective treatment requires a comprehensive understanding of the underlying causes and mechanisms. This involves identifying the root cause (Hetu vinishchay), recognizing the progression of dosha imbalance (anshansh kalpana), and understanding how doshas further vitiate dushya (tissues).

A successful treatment strategy incorporates four key components: Nidanparivarjana (avoiding causative factors), Agnideepana (enhancing digestion), Srotasa shodhana (channel

cleansing), and Nitya virechana (regular purgation). The approach must be tailored to the individual patient's condition (Vyadhi avastha), strength (Rugna bala), and medication requirements (Aushadhi matra and Kala).

By adopting this comprehensive approach, Udara Roga can be effectively managed and cured. The treatment's efficacy is assessed through laboratory investigations and abdominal circumference measurements, ensuring a thorough understanding of the patient's progress and response to treatment.

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