

## A CASE STUDY ON MANAGEMENT TO UDARA VYADHI JATODAKA AVASTHA THROUGH AYURVEDIC CHIKITSA

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### ABSTRACT

In the competitive world people are habitual of irregular eating and tremendous changes in day to day lifestyle. Irregular eating and habit of eating street food and increasing consumption of alcohol lead to most life threatening diseases which is 'Bahupitta kamala' which eventually leads to jalodara. In modern medicine we call it jaundice and ascites respectively. Jaundice is a condition in which yellow appearance of skin, sclera and mucus membrane resulting from increased bilirubin concentration in body fluids. virechana chikitsa is mentioned in ayurvedic texts. The combination of some herbs are useful in management of udara vyadhi. It is one of the attempt for management of udara vyadhi with ayurvedic chikitsa.

**KEYWORDS:** Udara, Virechana, Ascites, Bilirubin.

### INTRODUCTION

Udara vyadhi is mentioned in ashtau-mahagada. It is one of the main disease caused by jatharagni agnidushti. Udara roga is a complex Condition characterized by abdominal distention, encompassing various underlying causes. As one of the ashtau-mahagada, it posses significant management challenges due to its multifaceted nature. The underlying pathology involves agni dosha and mala vriddhi leading to vitiation of prana, agni and apana and obstruction of circulatory channels. This is the samanya samprapti of udara explained in classic ayurvedic texts which may differ from person to person to person. So it is must to visualize and diffretiate samprapti in each patient by analysing the hetus, vitiation of dosha by vikalpa samprapti and dosh-dushya sammurchhana further leading to manifestation of

disease should be well understood.

The condition manifests through cardinal features such as abdominal enlargement, limb oedema, impaired agni, indigestion and emaciation. Udara roga is classified into eight subtypes including vatodara, pittodara, kaphodara among others. we can correlate with ascites a condition marked by fluid accumulation in the peritoneal cavity is notable. Ayurvedic treatment approaches such as snehana, swedana and virechana and internal shaman chikitsa offer holistic solution without adverse effect.

This paper is a case study on approach to udara vyadhi through ayurvedic chikitsa where the chikitsa is done accordingly to samprapti.

### **CASE STUDY**

A 36 years old male patient came to Kayachikitsa OPD of our hospital with chief C/O

- 1) Udarvridhi (Increased abdominal girth)
- 2) Udarshoola (Abdominal Pain)
- 3) Netrapeetata (Yellowish discolouration of eyes)
- 4) Ubhay paad shotha (B/l LL pitting oedema)
- 5) Kshudhamandya (Anorexia)
- 6) Chankramanottar Shwasankashtata (Dyspnoea on exertion)
- 7) Alpa mutra pravrutti (Oliguria)
- 8) Daurbalya (Gen. Weakness)

Duration of above mentioned complaints is 4 months.

### **HISTORY OF PRESENT ILLNESS**

The patient was normal 4. Since then patient suffering from Udarvridhi with jatodaka avastha, netrapeetata, udarshoola and ubhaypaad shotha. He took ayurvedic and allopathic treatment from one hospital. But the patient was unsatisfied with the treatment. Then he came to Hospital for better management

### **HISTORY OF PAST ILLNESS**

- K/C/O: Congenital Genu Varum
- M/H/O: Jaundice(1 month ago)-Taken allopathic medicines for it
- S/H/O: NAD

- Allergy: Not known

### **FAMILY HISTORY**

- Nothing significant.

### **PERSONAL HISTORY**

- Occupation: Auto Driver
- Diet: Veg+Non vegetarian Mixed Diet (Not on proper timing)
- Sleep: Disturbed
- Bowel: Regular bowel(1-2 times /day)
- Bladder:2-3 times/day
- Bad habits: Chronic Alcoholism( since 8 years),Smoking(since 10 years)

### **O/E**

- Nadi: 82/min, Gati: Manduk gati, Bal: Uttam
- Mala: Ishat Krushnavarni mal pravrutti
- Mutra: Peet varni mutrapravrutti
- Jivha: Ishat Saam
- Agni : Mandya
- Shabda: Spashta
- Sparsha: Ushna
- Druk: Prakrut(Upnetra nasti)
- Aakruti: Mdhyam
- Raktadaba: 100/70 mmHg
- SPO<sub>2</sub>: 96% on RA
- Pallor: ++
- Icterus: +++

### **S/E**

- CVS: S<sub>1</sub>S<sub>2</sub> Normal
- CNS: Conscious & Oriented
- RS: AEBE.

- P/A

- 1) Inspection-Distended abdomen
- 2) Palpation- Hepatomegaly upto 2 fingers was present, spleenomegaly
- 3) Percussion: Fluid Thrill ++  
Shifting Dullness ++

## MATERIAL AND METHOD

### Material

#### Chart No 1 -Abhyantar Chikitsa for Udara.

Sr No.	Dravya	Dose	Duration	Anupana
1	Aarogyavardhini Vati	500 mg Tds	45 days	Lukewarm Water
2	Rason kalka	2 gm	30 days	Honey
3	Kumari Aasva	20 ml	45 days	-
4	Bhallatakasava	10 ml	45 days	-
5	Rohitakarishtha	10 ml	20 days	-
6	Sharpunkha Kwath(Fresh)	Muhur- muhur panarth	45 days	-
7	Shunthi Siddha Dughdha	Muhur- muhur panarth	45 days	-

#### Chart No 2- Panchakarma Chikitsa for Udara.

Sr. No	Karma	kala	Matra	Duration
1	Nasya with Devdali fal Swaras	Morning	4 drops	15 Days
2	Virechana with Icchabhedi rasa	Morning(Alternate Days)	125g mg	20 Days
3	Virechana with Tivrutt Leha	Night	5gm	20 Days
4	Vatpatra bandhan	Afternoon	-	45 days

## METHOD

Study Centre: Our Ayurvedic Hospital.

Type Of Study: Single case study design

## SAMPRAPTI

- Dosha-Pitta and kapha
- Dushya-Rasa, Rakta
- Guna-Guru, Drava, Snighdha, Ushna,
- Strotas-Udakavaha strotas, Rasvaha strotas, Raktavaha Strotas
- Adhisthan-udara

Hetusevana(Aahar+Vihar)



Agnidushti



Kapha Prakop by guru,snighdha,drava guna



Dushit Kpaha get Mixed with Amboo



Prana and apana gati get obstructed in upward and downward direction



Vitiated kapha and vata gets lodged in between twak and mansa of kukshi



Udarguha bharan with the amboo



Jalodara

## 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	24/06/2024	94 cm	98 cm	92 cm

2	30/06/2024	89 cm	90 cm	84 cm
3	11/07/2024	86 cm	84 cm	80 cm
4	18/07/2024	79 cm	79 cm	76 cm
5	30/07/2024	78 cm	76 cm	74 cm

- Weight

Sr.No	Date	Weight(Kg)
1	24/06/2024	59.7
2	30/06/2024	56.4
3	11/07/2024	50.5
4	18/07/2024	45.6
5	30/07/2024	45.2

- Lab investigation

Sr.No	Investigation	Before Treatment	After Treatment
1	Haemoglobin	6.4 gms/dl	8.3 gms/dl
2	Red blood Cell Count	1.93 million/cu.mm	2.47 million/cu.mm
3	WBC	10400/cu.mm	4390/cu.mm
4	Total Bilirubin	38.43 mg/dl	7.0 mg/dl
5	Direct bilirubin	20.49 mg/dl	3.3 mg/dl
6	SGOT	243.2 U/L	67.6 U/L
7	SGPT	43.7 U/L	42.9 U/L
8	Alkaline phosphatase	144 U/L	189 U/L
9	Serum Albumin	2.4 gms/dl	2.4 gms/dl
10	Serum Globulin	4.2 gms/dl	3.5 gms/dl

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

## DISCUSSION ON ACTION OF DRUG

- Aarogyavardhini vati: Deepana, paachan, Grahanishodhak
- Sharpunkha kwath: Deepana, pachana, yakruttejak
- Kumarisava: Pleehahar, Yakrutvridhdihara, balya, tridoshaghna
- Bhallatakasava: Udarahara, vanhikara, pachan
- Rohitarishta: Pleehahara, Udarhara, Kamalahar
- Ichhabhedi Ras: Virechaka kalpa of jaypala useful in ascites
- Trivrutta leha: Sukhvirechaka kalpa without bad taste
- 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: Dietplay 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.

## CONCLUSION

Udara Roga is a complex abdominal disorder characterized by distension, edema, and impaired digestion. Its multifaceted nature poses significant management challenges. The condition is attributed to three primary factors: Agnidushti (impaired digestion), Doshasanchaya (dosha accumulation), and Srotorodha (channel obstruction).

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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